

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: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/19/2014 2:33 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date:	Time:
	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.		
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 THE FINLEY HOSPITAL ( 160117 ) 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	16,451	-882	116,585	0	1.00
2.00 Subprovider - IPF	0	743	83		0	2.00
3.00 Subprovider - IRF	0	-5,835	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	-1	0		0	9.00
200.00 Total	0	11,358	-799	116,585	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: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/19/2014 2:33 pm
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1.00	2.00	3.00	4.00
Hospital and Hospital Health Care Complex Address:			
1.00	Street: 350 NORTH GRANDVIEW AVENUE	PO Box:	1.00
2.00	City: DUBUQUE	State: IA	2.00
		Zip Code: 52001	
		County: DUBUQUE	

	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	THE FINLEY HOSPITAL	160117	20220	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	THE FINLEY HOSPITAL - MHU	16S117	20220	4	12/23/1998	N	P	P	4.00
5.00	Subprovider - IRF	THE FINLEY HOSPITAL - REHAB	16T117	20220	5	01/01/2004	N	P	N	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	FINLEY HOSPITAL HOME CARE	167002	20220		07/01/1966	N	P	O	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2013	12/31/2013	20.00
21.00	Type of Control (see instructions)	2		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,728	422	44	45	73	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	117	4	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/19/2014 2:33 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		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	N	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.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	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.				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>							
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	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>							
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	
<b>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.</b>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/19/2014 2:33 pm																																																																																																																																																																				
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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>N 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>Y</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="7">Title V and XIX Services</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> <td>Y</td> <td colspan="2">90.00</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> <td>N</td> <td colspan="2">91.00</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></td> <td>N</td> <td colspan="2">92.00</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> <td>N</td> <td colspan="2">93.00</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> <td>N</td> <td colspan="2">94.00</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></td> <td>0.00</td> <td>0.00</td> <td>95.00</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 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. Rural Providers	0.00	0.00	97.00		
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				109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1		118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	424,297		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N		118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.			N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y		121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/19/2014 2:33 pm		
		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	H00185	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: FINLEY TRI-STATES	Contractor's Name: WPS		Contractor's Number: 05001		
142.00	Street: 350 NORTH GRANDVIEW AVE	PO Box:				
143.00	City: DUBUQUE	State: IA		Zip Code: 52001		
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00		
				1.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00		
		Part A		Part B		Title V
		1.00		2.00		3.00
						Title XIX
						4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
						1.00
Multi campus						
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00
		Name	County	State	Zip Code	CBSA
		0	1.00	2.00	3.00	4.00
						FTE/Campus
						5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00
						1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0		168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			1.00		169.00
				Begining		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)			05/23/2013		08/20/2013
						170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/19/2014 2:33 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	04/04/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 160117

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/19/2014 2:33 pm

	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
						1.00
<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					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
<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.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
<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.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
<b>Provider-Based Physicians</b>						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
						Y/N
						Date
						1.00
						2.00
<b>Home Office Costs</b>						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
						1.00
						2.00
<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.	NICK		WESSELS		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNI TYPOINT HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-362-5994		NICK.WESSELS@UNI TYPOINT.ORG		43.00

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

HFS Supplemental Information		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part IX Date/Time Prepared: 5/19/2014 2:33 pm
		Title V	Title XIX	
		1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 160117

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/19/2014 2:33 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	88	32,120	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)		88	32,120	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 NURSING ADMINISTRATION	33.01	0	0	0.00	0	10.01
10.02 GEROPYSCH REVENUE	33.02	0	0	0.00	0	10.02
10.03 OPERATING ROOM REVENUE	33.03	0	0	0.00	0	10.03
10.04 LABOR & DELIVERY REVENUE	33.04	0	0	0.00	0	10.04
10.05 RADIOLOGY - THER REVENUE	33.05	0	0	0.00	0	10.05
10.06 PT REVENUE	33.06	0	0	0.00	0	10.06
10.07 CARDIAC REHAB REVENUE	33.07	0	0	0.00	0	10.07
10.08 HHA REVENUE	33.08	0	0	0.00	0	10.08
10.09 OPERATION OF PLANT REVENUE	33.09	0	0	0.00	0	10.09
10.10 CLINIC REVENUE	33.10	0	0	0.00	0	10.10
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		98	35,770	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	9	3,285		0	16.00
17.00 SUBPROVIDER - IRF	41.00	10	3,650		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	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						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		117				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: 160117

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/19/2014 2:33 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)	9,272	1,478	13,667			1.00
2.00 HMO and other (see instructions)	459	0				2.00
3.00 HMO IPF Subprovider	85	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)	9,272	1,478	13,667			7.00
8.00 INTENSIVE CARE UNIT	1,130	63	2,086			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01 NURSING ADMINISTRATION	0	0	0			10.01
10.02 GEROPYSCH REVENUE	0	0	0			10.02
10.03 OPERATING ROOM REVENUE	0	0	0			10.03
10.04 LABOR & DELIVERY REVENUE	0	0	0			10.04
10.05 RADIOLOGY - THER REVENUE	0	0	0			10.05
10.06 PT REVENUE	0	0	0			10.06
10.07 CARDIAC REHAB REVENUE	0	0	0			10.07
10.08 HHA REVENUE	0	0	0			10.08
10.09 OPERATION OF PLANT REVENUE	0	0	0			10.09
10.10 CLINIC REVENUE	0	0	0			10.10
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		701	1,651			13.00
14.00 Total (see instructions)	10,402	2,242	17,404	0.00	488.59	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,616	14	1,905	0.00	10.76	16.00
17.00 SUBPROVIDER - IRF	2,051	121	2,621	0.00	23.40	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	10,047	0	19,625	0.00	25.69	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	548.44	27.00
28.00 Observation Bed Days		93	1,087			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			247			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	70	252			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: 160117

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/19/2014 2:33 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,297	667	4,389	1.00
2.00 HMO and other (see instructions)				97			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
10.01 NURSING ADMINISTRATION							10.01
10.02 GEROPYSCH REVENUE							10.02
10.03 OPERATING ROOM REVENUE							10.03
10.04 LABOR & DELIVERY REVENUE							10.04
10.05 RADIOLOGY - THER REVENUE							10.05
10.06 PT REVENUE							10.06
10.07 CARDIAC REHAB REVENUE							10.07
10.08 HHA REVENUE							10.08
10.09 OPERATION OF PLANT REVENUE							10.09
10.10 CLINIC REVENUE							10.10
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	2,297	667	4,389		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	128	4	158		16.00
17.00 SUBPROVIDER - IRF	0.00	0	186	11	233		17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	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							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							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: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part II Date/Time Prepared: 5/19/2014 2:33 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 II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	33,751,220	442,669	34,193,889	1,144,756.00	29.87	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	351,921	351,921	1,152.00	305.49	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	1,803,344	1,803,344	10,561.00	170.76	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)		5,204,462	409,247	5,613,709	166,732.00	33.67	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		0	1,158,375	1,158,375	31,384.00	36.91	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	175,175	175,175	887.00	197.49	13.00
14.00	Home office salaries & wage-related costs		0	7,545,840	7,545,840	156,975.00	48.07	14.00
15.00	Home office: Physician Part A - Administrative		0	42,338	42,338	333.00	127.14	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)		0	5,651,978	5,651,978			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		0	988,569	988,569			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	22,917	22,917			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	117,436	117,436			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	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	1,415,414	33,422	1,448,836	54,394.00	26.64	27.00
28.00	Administrative & General under contract (see inst.)		0	276,519	276,519	2,724.00	101.51	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	665,404	0	665,404	29,673.00	22.42	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	761,843	0	761,843	51,505.00	14.79	32.00
33.00	Housekeeping under contract (see instructions)		0	27,014	27,014	2,080.00	12.99	33.00
34.00	Dietary	10.00	937,082	0	937,082	61,817.00	15.16	34.00
35.00	Dietary under contract (see instructions)		0	54,653	54,653	2,080.00	26.28	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,908,075	0	1,908,075	54,955.00	34.72	38.00
39.00	Central Services and Supply	14.00	282,120	0	282,120	17,410.00	16.20	39.00
40.00	Pharmacy	15.00	1,054,933	0	1,054,933	26,354.00	40.03	40.00
41.00	Medical Records & Medical Records Library	16.00	570,411	0	570,411	24,906.00	22.90	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160117

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/19/2014 2:33 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	127,764	0	127,764	6,306.00	20.26	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: 160117

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/19/2014 2:33 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)	33,751,220	-1,002,489	32,748,731	1,141,079.00	28.70	1.00
2.00	Excluded area salaries (see instructions)	5,204,462	409,247	5,613,709	166,732.00	33.67	2.00
3.00	Subtotal salaries (line 1 minus line 2)	28,546,758	-1,411,736	27,135,022	974,347.00	27.85	3.00
4.00	Subtotal other wages & related costs (see inst.)	0	8,921,728	8,921,728	189,579.00	47.06	4.00
5.00	Subtotal wage-related costs (see inst.)	0	5,674,895	5,674,895	0.00	20.91	5.00
6.00	Total (sum of lines 3 thru 5)	28,546,758	13,184,887	41,731,645	1,163,926.00	35.85	6.00
7.00	Total overhead cost (see instructions)	7,723,046	391,608	8,114,654	334,204.00	24.28	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/19/2014 2:33 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			1,452,985 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<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)			2,528,676 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			164,796 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			36,606 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)			33,232 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			187,043 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			2,377,564 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>			<b>6,780,902 24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/19/2014 2:33 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,434,894	6,780,901	1.00
2.00	Hospital	1,434,894	6,492,835	2.00
3.00	Subprovider - IPF	0	114,922	3.00
4.00	Subprovider - IRF	0	173,144	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet S-4
		Component CCN: 167002		Date/Time Prepared: 5/19/2014 2:34 pm
			Home Health Agency I	PPS

					1.00	
0.00	County					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	596	4,085	299	4,980	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	647.00	147.00	51.00	845.00	2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
Enter the number of hours in your normal work week					
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	4.00
5.00	Other Administrative Personnel				5.68	0.00	5.00
6.00	Direct Nursing Service				13.01	0.00	6.00
7.00	Nursing Supervisor				0.00	0.00	7.00
8.00	Physical Therapy Service				3.55	0.00	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	9.00
10.00	Occupational Therapy Service				1.08	0.00	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	11.00
12.00	Speech Pathology Service				0.03	0.00	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	13.00
14.00	Medical Social Service				0.00	0.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	15.00
16.00	Home Health Aide				2.39	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.				5		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	20220					20.00
20.01		31540					20.01
20.02		99914					20.02
20.03		99916					20.03
20.04		99952					20.04

		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	6,225	0	185	203	6,613	21.00
22.00	Skilled Nursing Visit Charges	908,058	0	23,562	29,376	960,996	22.00
23.00	Physical Therapy Visits	2,612	0	22	74	2,708	23.00
24.00	Physical Therapy Visit Charges	546,701	0	4,431	15,403	566,535	24.00
25.00	Occupational Therapy Visits	784	0	7	40	831	25.00
26.00	Occupational Therapy Visit Charges	164,580	0	1,477	8,440	174,497	26.00
27.00	Speech Pathology Visits	17	0	1	0	18	27.00
28.00	Speech Pathology Visit Charges	3,587	0	211	0	3,798	28.00
29.00	Medical Social Service Visits	76	0	0	3	79	29.00
30.00	Medical Social Service Visit Charges	18,924	0	0	747	19,671	30.00
31.00	Home Health Aide Visits	421	0	3	10	434	31.00
32.00	Home Health Aide Visit Charges	26,334	0	189	630	27,153	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,135	0	218	330	10,683	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)	1,668,184	0	29,870	54,596	1,752,650	35.00
36.00	Total Number of Episodes (standard/non outlier)	751		66	29	846	36.00
37.00	Total Number of Outlier Episodes		0		1	1	37.00
38.00	Total Non-Routine Medical Supply Charges	32,180	0	1,398	481	34,059	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/19/2014 2:34 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)		0.332243	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		5,075,894	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		16,375,233	6.00	
7.00	Medicaid cost (line 1 times line 6)		5,440,557	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)		364,663	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		279,123	9.00	
10.00	Stand-alone SCHIP charges		671,003	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		222,936	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		46,425	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		1,901,226	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		631,669	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)		585,244	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		949,907	19.00	
			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	767,016	236,695	1,003,711	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	254,836	78,640	333,476	21.00
22.00	Partial payment by patients approved for charity care	15,605	32,281	47,886	22.00
23.00	Cost of charity care (line 21 minus line 22)	239,231	46,359	285,590	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		4,385,553	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		74,527	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,311,026	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,432,308	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,717,898	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,667,805	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160117

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

Worksheet A  
Date/Time Prepared:  
5/19/2014 2:33 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT		2,805,490	2,805,490	-100,506	2,704,984	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.01 00590 ADMIN STRATIVE & GENERAL	581,281	825,414	1,406,695	4,013,864	5,420,559	5.01
5.02 00591 REHAB ADMINISTRATION	236,104	62,989	299,093	-10,239	288,854	5.02
5.03 00592 RADIOLOGY ADMINISTRATION	395,302	195,896	591,198	-102,395	488,803	5.03
5.04 00510 OCCUPATIONAL HEALTH ADMINISTRATION	138,097	60,125	198,222	-30,718	167,504	5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL	64,630	22,559	87,189	-10,239	76,950	5.05
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	665,404	1,601,828	2,267,232	-61,593	2,205,639	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	356,672	356,672	8.00
9.00 00900 HOUSEKEEPING	761,843	606,632	1,368,475	-40,383	1,328,092	9.00
10.00 01000 DIETARY	937,082	1,228,160	2,165,242	-72,106	2,093,136	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,908,075	1,347,267	3,255,342	-421,938	2,833,404	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	282,120	371,495	653,615	-39,661	613,954	14.00
15.00 01500 PHARMACY	1,054,933	3,236,093	4,291,026	-2,748,354	1,542,672	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	570,411	659,983	1,230,394	-194,568	1,035,826	16.00
17.00 01700 SOCIAL SERVICE	127,764	72,428	200,192	-40,958	159,234	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	4,690,616	2,433,808	7,124,424	-655,931	6,468,493	30.00
31.00 03100 INTENSIVE CARE UNIT	1,371,375	787,986	2,159,361	-467,635	1,691,726	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301 NURSING ADMINISTRATION	0	0	0	0	0	33.01
33.02 03302 GEROPYSCH REVENUE	0	0	0	0	0	33.02
33.03 03303 OPERATING ROOM REVENUE	0	0	0	0	0	33.03
33.04 03304 LABOR & DELIVERY REVENUE	0	0	0	0	0	33.04
33.05 03305 RADIOLOGY - THER REVENUE	0	0	0	0	0	33.05
33.06 03306 PT REVENUE	0	0	0	0	0	33.06
33.07 03307 CARDIAC REHAB REVENUE	0	0	0	0	0	33.07
33.08 03308 HHA REVENUE	0	0	0	0	0	33.08
33.09 03309 OPERATION OF PLANT REVENUE	0	0	0	0	0	33.09
33.10 03310 CLINIC REVENUE	0	0	0	0	0	33.10
40.00 04000 SUBPROVIDER - I PF	525,512	715,935	1,241,447	-81,687	1,159,760	40.00
41.00 04100 SUBPROVIDER - I RF	871,677	794,982	1,666,659	-81,565	1,585,094	41.00
43.00 04300 NURSERY	561,149	227,427	788,576	-61,959	726,617	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	2,134,061	8,987,243	11,121,304	-5,323,794	5,797,510	50.00
51.00 05100 RECOVERY ROOM	1,099,135	586,114	1,685,249	82,928	1,768,177	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	637,121	213,589	850,710	-204,548	646,162	52.00
53.00 05300 ANESTHESIOLOGY	33,991	602,015	636,006	-222,715	413,291	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	650,091	1,022,138	1,672,229	-71,832	1,600,397	54.00
54.01 03450 NUCLEAR MEDICINE	81,639	355,575	437,214	-164,742	272,472	54.01
54.02 03630 ULTRASOUND	176,269	154,595	330,864	-30,857	300,007	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	1,013,648	1,285,215	2,298,863	-278,145	2,020,718	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	227,089	642,482	869,571	-39,384	830,187	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	197,543	415,195	612,738	-42,169	570,569	58.00
60.00 06000 LABORATORY	0	4,563,837	4,563,837	-312,187	4,251,650	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	281,141	281,141	63.00
64.00 06400 INTRAVENOUS THERAPY	306,664	293,550	600,214	-147,282	452,932	64.00
65.00 06500 RESPIRATORY THERAPY	441,442	329,523	770,965	-199,687	571,278	65.00
65.01 03560 PULMONARY FUNCTION	0	0	0	77,925	77,925	65.01
66.00 06600 PHYSICAL THERAPY	709,932	2,061,405	2,771,337	-267,135	2,504,202	66.00
67.00 06700 OCCUPATIONAL THERAPY	318,893	62,221	381,114	161,484	542,598	67.00
68.00 06800 SPEECH PATHOLOGY	171,106	91,007	262,113	-52,444	209,669	68.00
69.00 06900 ELECTROCARDIOLOGY	138,163	104,358	242,521	-109,857	132,664	69.00
69.01 03140 RADIOLOGY	447,115	1,957,842	2,404,957	-1,004,954	1,400,003	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	105,050	91,273	196,323	-19,002	177,321	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	2,735,107	2,735,107	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,606,624	4,606,624	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	2,738,798	2,738,798	73.00
74.00 07400 RENAL DIALYSIS	0	264,590	264,590	-11,351	253,239	74.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160117

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

Worksheet A  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.00	03320 ELECTROSHOCK THERAPY	0	0	0	28,500	28,500	76.00
76.97	07697 CARDIAC REHABILITATION	152,329	66,758	219,087	-21,164	197,923	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	38,983	233,147	272,130	-3,935	268,195	76.98
76.99	07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	951,944	703,705	1,655,649	114,591	1,770,240	90.00
91.00	09100 EMERGENCY	4,168,364	1,377,187	5,545,551	-768,371	4,777,180	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	38,784	38,784	-108	38,676	95.00
101.00	10100 HOME HEALTH AGENCY	1,611,940	1,140,293	2,752,233	-378,942	2,373,291	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		308,987	308,987	0	308,987	113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1-117)		31,555,887	46,009,125	77,565,012	300,594	77,865,606	
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	220,922	495,743	716,665	-61,437	655,228	194.00
194.01	07951 BUSINESS HEALTH	497,553	339,238	836,791	-104,845	731,946	194.01
194.02	07952 VI TACARE	892,544	432,623	1,325,167	-78,442	1,246,725	194.02
194.03	07953 CASCADE CLINIC	164,320	139,676	303,996	-21,828	282,168	194.03
194.04	07954 ORTHOPEDIC CLINIC	348,078	264,837	612,915	-10,239	602,676	194.04
194.05	07955 ENT CLINIC	0	4,488	4,488	0	4,488	194.05
194.06	07956 RSVP	41,818	23,502	65,320	0	65,320	194.06
194.07	07957 CONTRACT CLEANING	-8,167	158	-8,009	0	-8,009	194.07
194.08	07958 DIM MAINTENANCE	-31,428	12,305	-19,123	0	-19,123	194.08
194.09	07959 RENTAL PROPERTY	0	273,842	273,842	100,506	374,348	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	65,245	65,245	0	65,245	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	4,459	74,981	79,440	0	79,440	194.11
194.12	07962 LIFESTYLES	70,771	76,304	147,075	-21,911	125,164	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	-8,239	-24,652	-32,891	0	-32,891	194.13
194.14	07964 FOUNDATION	0	98,404	98,404	-30,718	67,686	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	2,702	-267	2,435	0	2,435	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	1,655,437	1,655,437	-71,680	1,583,757	194.19
200.00							200.00
TOTAL (SUM OF LINES 118-199)		33,751,220	49,940,989	83,692,209	0	83,692,209	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160117

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

Worksheet A  
Date/Time Prepared:  
5/19/2014 2:33 pm

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	1,851	2,706,835	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,062,378	1,062,378	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	7,885,072	13,305,631	5.01
5.02	00591	REHAB ADMINISTRATION	-6,856	281,998	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	-12,534	476,269	5.03
5.04	00510	OCCUPATIONAL HEALTH ADMINISTRATION	-4,858	162,646	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-1,339	75,611	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-24,737	2,180,902	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	356,672	8.00
9.00	00900	HOUSEKEEPING	-38,605	1,289,487	9.00
10.00	01000	DIETARY	-639,761	1,453,375	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-52,149	2,781,255	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-12,957	600,997	14.00
15.00	01500	PHARMACY	-498,352	1,044,320	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-55,242	980,584	16.00
17.00	01700	SOCIAL SERVICE	-4,683	154,551	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-175,950	6,292,543	30.00
31.00	03100	INTENSIVE CARE UNIT	-36,593	1,655,133	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301	NURSING ADMINISTRATION	0	0	33.01
33.02	03302	GEROPYSCH REVENUE	0	0	33.02
33.03	03303	OPERATING ROOM REVENUE	0	0	33.03
33.04	03304	LABOR & DELIVERY REVENUE	0	0	33.04
33.05	03305	RADIOLOGY - THER REVENUE	0	0	33.05
33.06	03306	PT REVENUE	0	0	33.06
33.07	03307	CARDIAC REHAB REVENUE	0	0	33.07
33.08	03308	HHA REVENUE	0	0	33.08
33.09	03309	OPERATION OF PLANT REVENUE	0	0	33.09
33.10	03310	CLINIC REVENUE	0	0	33.10
40.00	04000	SUBPROVIDER - I PF	-20,053	1,139,707	40.00
41.00	04100	SUBPROVIDER - I RF	-128,170	1,456,924	41.00
43.00	04300	NURSERY	-13,299	713,318	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-65,615	5,731,895	50.00
51.00	05100	RECOVERY ROOM	-26,278	1,741,899	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-17,823	628,339	52.00
53.00	05300	ANESTHESIOLOGY	-223,512	189,779	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-18,988	1,581,409	54.00
54.01	03450	NUCLEAR MEDICINE	-1,544	270,928	54.01
54.02	03630	ULTRASOUND	-3,189	296,818	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-53,746	1,966,972	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-3,424	826,763	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-4,143	566,426	58.00
60.00	06000	LABORATORY	-768,010	3,483,640	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	281,141	63.00
64.00	06400	INTRAVENOUS THERAPY	-8,163	444,769	64.00
65.00	06500	RESPIRATORY THERAPY	-13,059	558,219	65.00
65.01	03560	PULMONARY FUNCTION	0	77,925	65.01
66.00	06600	PHYSICAL THERAPY	-196,160	2,308,042	66.00
67.00	06700	OCCUPATIONAL THERAPY	-6,569	536,029	67.00
68.00	06800	SPEECH PATHOLOGY	-2,702	206,967	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,639	130,025	69.00
69.01	03140	CARDIOLOGY	-10,261	1,389,742	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-5,181	172,140	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	2,735,107	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,606,624	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,738,798	73.00
74.00	07400	RENAL DIALYSIS	0	253,239	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	28,500	76.00
76.97	07697	CARDIAC REHABILITATION	-19,458	178,465	76.97



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160117

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

Worksheet A  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
76.98	07698 HYPERBARIC OXYGEN THERAPY	-1,747	266,448	76.98
76.99	07699 LI THOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	-461,812	1,308,428	90.00
91.00	09100 EMERGENCY	-2,342,297	2,434,883	91.00
92.00	09200 OBSERVATION BEDS			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	38,676	95.00
101.00	10100 HOME HEALTH AGENCY	-233,539	2,139,752	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	-308,987	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,424,317	80,289,923	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950 MARKETING	-5,897	649,331	194.00
194.01	07951 BUSINESS HEALTH	-8,179	723,767	194.01
194.02	07952 VI TACARE	-13,507	1,233,218	194.02
194.03	07953 CASCADE CLINIC	-4,285	277,883	194.03
194.04	07954 ORTHOPEDIC CLINIC	-920	601,756	194.04
194.05	07955 ENT CLINIC	0	4,488	194.05
194.06	07956 RSVP	-1,630	63,690	194.06
194.07	07957 CONTRACT CLEANING	10,318	2,309	194.07
194.08	07958 DIM MAINTENANCE	68,267	49,144	194.08
194.09	07959 RENTAL PROPERTY	0	374,348	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	65,245	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	-62	79,378	194.11
194.12	07962 LIFESTYLES	-2,252	122,912	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	251,106	218,215	194.13
194.14	07964 FOUNDATION	0	67,686	194.14
194.15	07965 PHYSICIAN BILLING	144,787	144,787	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	12,326	14,761	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	1,583,757	194.19
200.00	TOTAL (SUM OF LINES 118-199)	2,874,389	86,566,598	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 160117

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 ADMINISTRATIVE & GENERAL	00590		5.01
5.02 REHAB ADMINISTRATION	00591		5.02
5.03 RADIOLOGY ADMINISTRATION	00592		5.03
5.04 OCCUPATIONAL HEALTH ADMINISTRATION	00510		5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	00560		5.05
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
11.01 EMPLOYEE CAFETERIA	01101		11.01
12.00 MAINTENANCE OF PERSONNEL	01200		12.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
19.00 NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00 NURSING SCHOOL	02000		20.00
21.00 I&R SRVCES-SALARY & FRINGES APPRVD	02100		21.00
22.00 I&R SRVCES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	02300		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
33.00 BURN INTENSIVE CARE UNIT	03300		33.00
33.01 NURSING ADMINISTRATION	03301		33.01
33.02 GEROPYSCH REVENUE	03302		33.02
33.03 OPERATING ROOM REVENUE	03303		33.03
33.04 LABOR & DELIVERY REVENUE	03304		33.04
33.05 RADIOLOGY - THER REVENUE	03305		33.05
33.06 PT REVENUE	03306		33.06
33.07 CARDIAC REHAB REVENUE	03307		33.07
33.08 HHA REVENUE	03308		33.08
33.09 OPERATION OF PLANT REVENUE	03309		33.09
33.10 CLINIC REVENUE	03310		33.10
40.00 SUBPROVIDER - I PF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
43.00 NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01 NUCLEAR MEDICINE	03450		54.01
54.02 ULTRASOUND	03630		54.02
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
57.00 COMPUTED TOMOGRAPHY (CT) SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
60.00 LABORATORY	06000		60.00
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	06250		62.30
63.00 BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00 INTRAVENOUS THERAPY	06400		64.00
65.00 RESPIRATORY THERAPY	06500		65.00
65.01 PULMONARY FUNCTION	03560		65.01
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
69.01 CARDIOLOGY	03140		69.01
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00

COST CENTERS USED IN COST REPORT

Provider CCN: 160117

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
76.00	ELECTROSHOCK THERAPY	03320		76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIpsy	07699	LITHOTRIpsy	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
194.00	MARKETING	07950		194.00
194.01	BUSINESS HEALTH	07951		194.01
194.02	VI TACARE	07952		194.02
194.03	CASCADE CLINIC	07953		194.03
194.04	ORTHOPEDIC CLINIC	07954		194.04
194.05	ENT CLINIC	07955		194.05
194.06	RSVP	07956		194.06
194.07	CONTRACT CLEANING	07957		194.07
194.08	DI M MAINTENANCE	07958		194.08
194.09	RENTAL PROPERTY	07959		194.09
194.10	GRANDVIEW MEDICAL CENTER	07960		194.10
194.11	NORTH GRANDVIEW OFFICE	07961		194.11
194.12	LI FESTYLES	07962		194.12
194.13	HEALTHCARE AFFILIATES OF TRI-STATES	07963		194.13
194.14	FOUNDATION	07964		194.14
194.15	PHYSICIAN BILLING	07965		194.15
194.16	GUEST MEALS / MOW'S	07966		194.16
194.17	NONREIMBURSABLE	07967		194.17
194.18	CONTRACTED ULTRASOUND	07968		194.18
194.19	CARDIO SPECIALTY CARE CLINIC	07969		194.19
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - SAME DAY ICU</b>					
1.00	ADULTS & PEDIATRICS	30.00	43,597	17,945	1.00
	TOTALS		43,597	17,945	
<b>B - DRUGS RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,738,798	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
	TOTALS		0	2,738,798	
<b>C - LAUNDRY RECLASS</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	356,672	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
	TOTALS		0	356,672	
<b>D - CHAPLAIN RECLASS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.01	33,422	0	1.00
	TOTALS		33,422	0	
<b>E - PROPERTY FOR FUTURE RECLASS</b>					
1.00	RENTAL PROPERTY	194.09	0	100,506	1.00
	TOTALS		0	100,506	
<b>F - PHYSICIAN BILLING</b>					
1.00	PHYSICIAN BILLING	194.15	111,267	0	1.00
	TOTALS		111,267	0	

RECLASSIFICATIONS

Provider CCN: 160117

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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	
<b>G - CONTRA ACCOUNTS RECLASS</b>					
1.00	CONTRACT CLEANING	194.07	8,167	0	1.00
2.00	DI M MAINTENANCE	194.08	70,096	0	2.00
3.00	HEALTHCARE AFFILIATES OF TRI-STATES	194.13	211,183	0	3.00
4.00	CONTRACTED ULTRASOUND	194.18	8,534	0	4.00
	<b>TOTALS</b>		<b>297,980</b>	<b>0</b>	
<b>H - MEDICAL SUPPLIES RECLASS</b>					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	2,735,107	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	<b>TOTALS</b>		<b>0</b>	<b>2,735,107</b>	
<b>I - IMPLANTABLE SUPPLIES RECLASS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,606,624	1.00
2.00	SUBPROVIDER - IRF	41.00	0	70	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
	<b>TOTALS</b>		<b>0</b>	<b>4,606,694</b>	
<b>J - IT CHARGES RECLASS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.01	0	4,013,864	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
TOTALS			0	4,013,864		
<b>K - A&amp;P RECLASS</b>						
1.00	ADULTS & PEDIATRICS	30.00	121,504	58,840		1.00
	TOTALS		121,504	58,840		
<b>L - IV THERAPY RECLASS</b>						
1.00	INTRAVENOUS THERAPY	64.00	317,878	96,964		1.00
	TOTALS		317,878	96,964		
<b>M - RADIOLOGY-DIAG RECLASS</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	20,925	62,694		1.00
	TOTALS		20,925	62,694		
<b>N - OR RECLASS</b>						
1.00	OPERATING ROOM	50.00	52,134	121,228		1.00
	TOTALS		52,134	121,228		
<b>O - BLOOD RECLASS</b>						
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	281,141		1.00
	TOTALS		0	281,141		
<b>P - PULMONARY RECLASS</b>						
1.00	PULMONARY FUNCTION	65.01	52,929	24,996		1.00
	TOTALS		52,929	24,996		
<b>Q - RADIOLOGY RECLASS</b>						
1.00	CARDIOLOGY	69.01	111,026	57,849		1.00
	TOTALS		111,026	57,849		
<b>R - CLINIC RECLASS</b>						
1.00	CLINIC	90.00	16,407	7,652		1.00
	TOTALS		16,407	7,652		
<b>S - RECOVERY RECLASS</b>						
1.00	RECOVERY ROOM	51.00	277,450	89,656		1.00
2.00		0.00	0	0		2.00
	TOTALS		277,450	89,656		

RECLASSIFICATIONS

Provider CCN: 160117

Period:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>T - OBSERVATION RECLASS</b>					
1.00	ADULTS & PEDIATRICS	30.00	55,793	26,960	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
<b>TOTALS</b>			55,793	26,960	
<b>U - SHOCKWAVE THERAPY RECLASS</b>					
1.00	ELECTROSHOCK THERAPY	76.00	10,670	17,830	1.00
<b>TOTALS</b>			10,670	17,830	
<b>V - OT RECLASS</b>					
1.00	OCCUPATIONAL THERAPY	67.00	122,355	39,232	1.00
<b>TOTALS</b>			122,355	39,232	
<b>W - EKG-ECG RECLASS</b>					
1.00	ELECTROCARDIOLOGY	69.00	78,891	24,064	1.00
<b>TOTALS</b>			78,891	24,064	
<b>X - TREATMENT RECLASS</b>					
1.00	CLINIC	90.00	260,672	122,519	1.00
2.00		0.00	0	0	2.00
<b>TOTALS</b>			260,672	122,519	
500.00	<b>Grand Total: Increases</b>		1,984,900	15,601,211	500.00

RECLASSIFICATIONS

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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 - SAME DAY ICU</b>							
1.00	INTENSIVE CARE UNIT	31.00	43,597	17,945	0		1.00
	TOTALS		43,597	17,945			
<b>B - DRUGS RECLASS</b>							
1.00	PHARMACY	15.00	0	2,642,557	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	8,101	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	1,941	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	9	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	198	0		5.00
6.00	NURSERY	43.00	0	126	0		6.00
7.00	OPERATING ROOM	50.00	0	30,619	0		7.00
8.00	RECOVERY ROOM	51.00	0	20,777	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,037	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	12,525	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	179	0		11.00
12.00	NUCLEAR MEDICINE	54.01	0	1,156	0		12.00
13.00	ULTRASOUND	54.02	0	228	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	266	0		14.00
15.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	707	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	206	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	2,698	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	400	0		18.00
19.00	CARDIOLOGY	69.01	0	859	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	93	0		20.00
21.00	EMERGENCY	91.00	0	12,160	0		21.00
22.00	HOME HEALTH AGENCY	101.00	0	12	0		22.00
23.00	VI TACARE	194.02	0	1,940	0		23.00
24.00	CARDIO SPECIALTY CARE CLINIC	194.19	0	4	0		24.00
	TOTALS		0	2,738,798			
<b>C - LAUNDRY RECLASS</b>							
1.00		0.00	0	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	1,635	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	18,570	0		3.00
4.00	PHARMACY	15.00	0	280	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	94,395	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	19,838	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	6,025	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	13,457	0		8.00
9.00	NURSERY	43.00	0	3,198	0		9.00
10.00	OPERATING ROOM	50.00	0	38,364	0		10.00
11.00	RECOVERY ROOM	51.00	0	26,550	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,728	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,352	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,994	0		14.00
15.00	LABORATORY	60.00	0	167	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	10,387	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	710	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	18,829	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	538	0		19.00
20.00	CARDIOLOGY	69.01	0	3,327	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,222	0		21.00
22.00	RENAL DIALYSIS	74.00	0	1,081	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	177	0		23.00
24.00	HYPERBARIC OXYGEN THERAPY	76.98	0	3,326	0		24.00
25.00	CLINIC	90.00	0	257	0		25.00
26.00	EMERGENCY	91.00	0	39,030	0		26.00
27.00	AMBULANCE SERVICES	95.00	0	108	0		27.00
28.00	HOME HEALTH AGENCY	101.00	0	70	0		28.00
29.00	BUSINESS HEALTH	194.01	0	2,450	0		29.00
30.00	VI TACARE	194.02	0	4,826	0		30.00
31.00	CASCADE CLINIC	194.03	0	1,349	0		31.00
32.00	LIFESTYLES	194.12	0	1,432	0		32.00
	TOTALS		0	356,672			
<b>D - CHAPLAIN RECLASS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.01	0	33,422	0		1.00
	TOTALS		0	33,422			
<b>E - PROPERTY FOR FUTURE RECLASS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	100,506	9		1.00
	TOTALS		0	100,506			



RECLASSIFICATIONS

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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>F - PHYSICIAN BILLING</b>							
1.00	PHYSICIAN BILLING	194.15	0	111,267	0		1.00
	TOTALS		0	111,267			
<b>G - CONTRA ACCOUNTS RECLASS</b>							
1.00	CONTRACT CLEANING	194.07	0	8,167	0		1.00
2.00	DI M MAINTENANCE	194.08	0	70,096	0		2.00
3.00	HEALTHCARE AFFILIATES OF TRI - STATES	194.13	0	211,183	0		3.00
4.00	CONTRACTED ULTRASOUND	194.18	0	8,534	0		4.00
	TOTALS		0	297,980			
<b>H - MEDICAL SUPPLIES RECLASS</b>							
1.00	OPERATION OF PLANT	7.00	0	156	0		1.00
2.00	HOUSEKEEPING	9.00	0	19,904	0		2.00
3.00	DIETARY	10.00	0	430	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	479	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	612	0		5.00
6.00	PHARMACY	15.00	0	1,345	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	18	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	78,107	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	24,745	0		9.00
10.00	SUBPROVIDER - IPF	40.00	0	3,961	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	6,473	0		11.00
12.00	NURSERY	43.00	0	16,348	0		12.00
13.00	OPERATING ROOM	50.00	0	1,363,412	0		13.00
14.00	RECOVERY ROOM	51.00	0	123,277	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,250	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	189,029	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,028	0		17.00
18.00	NUCLEAR MEDICINE	54.01	0	142,508	0		18.00
19.00	ULTRASOUND	54.02	0	4,120	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	60,803	0		20.00
21.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	27,288	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	31,552	0		22.00
23.00	LABORATORY	60.00	0	161	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	0	11,431	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	89,928	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	4,803	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	103	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	1,247	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	12,681	0		29.00
30.00	CARDIOLOGY	69.01	0	442,520	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,448	0		31.00
32.00	RENAL DIALYSIS	74.00	0	31	0		32.00
33.00	CARDIAC REHABILITATION	76.97	0	508	0		33.00
34.00	HYPERBARIC OXYGEN THERAPY	76.98	0	609	0		34.00
35.00	CLINIC	90.00	0	5,081	0		35.00
36.00	EMERGENCY	91.00	0	47,711	0		36.00
	TOTALS		0	2,735,107			
<b>I - IMPLANTABLE SUPPLIES RECLASS</b>							
1.00	NURSING ADMINISTRATION	13.00	0	6	0		1.00
2.00	PHARMACY	15.00	0	32,496	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	5,027	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	5,041	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	16	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	70	0		6.00
7.00	NURSERY	43.00	0	672	0		7.00
8.00	OPERATING ROOM	50.00	0	3,872,430	0		8.00
9.00	RECOVERY ROOM	51.00	0	940	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	682	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18	0		11.00
12.00	NUCLEAR MEDICINE	54.01	0	599	0		12.00
13.00	ULTRASOUND	54.02	0	1	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	293	0		14.00
15.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	1,150	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	112	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	64,711	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	6	0		18.00
19.00	CARDIOLOGY	69.01	0	449,663	0		19.00
20.00	CLINIC	90.00	0	164,447	0		20.00
21.00	EMERGENCY	91.00	0	8,314	0		21.00

RECLASSIFICATIONS

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Period:  
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
TOTALS			0	4,606,694			
J - IT CHARGES RECLASS							
1.00	REHAB ADMINISTRATION	5.02	0	10,239	0		1.00
2.00	RADIOLOGY ADMINISTRATION	5.03	0	102,395	0		2.00
3.00	OCCUPATIONAL HEALTH ADMINISTRATION	5.04	0	30,718	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	10,239	0		4.00
5.00	OPERATION OF PLANT	7.00	0	61,437	0		5.00
6.00	HOUSEKEEPING	9.00	0	20,479	0		6.00
7.00	DIETARY	10.00	0	71,676	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	419,818	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	20,479	0		9.00
10.00	PHARMACY	15.00	0	71,676	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	194,550	0		11.00
12.00	SOCIAL SERVICE	17.00	0	40,958	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	614,367	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	92,155	0		14.00
15.00	SUBPROVIDER - IPF	40.00	0	71,676	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	61,437	0		16.00
17.00	NURSERY	43.00	0	40,958	0		17.00
18.00	OPERATING ROOM	50.00	0	163,831	0		18.00
19.00	RECOVERY ROOM	51.00	0	112,634	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	20,479	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	122,874	0		21.00
22.00	NUCLEAR MEDICINE	54.01	0	20,479	0		22.00
23.00	ULTRASOUND	54.02	0	20,479	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	204,789	0		24.00
25.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	10,239	0		25.00
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,239	0		26.00
27.00	LABORATORY	60.00	0	30,718	0		27.00
28.00	INTRAVENOUS THERAPY	64.00	0	71,676	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	30,718	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	81,916	0		30.00
31.00	SPEECH PATHOLOGY	68.00	0	51,197	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	30,718	0		32.00
33.00	CARDIOLOGY	69.01	0	20,479	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,239	0		34.00
35.00	RENAL DIALYSIS	74.00	0	10,239	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	20,479	0		36.00
37.00	CLINIC	90.00	0	122,874	0		37.00
38.00	EMERGENCY	91.00	0	143,352	0		38.00
39.00	HOME HEALTH AGENCY	101.00	0	378,860	0		39.00
40.00	MARKETING	194.00	0	61,437	0		40.00
41.00	BUSINESS HEALTH	194.01	0	102,395	0		41.00
42.00	VITACARE	194.02	0	71,676	0		42.00
43.00	CASCADE CLINIC	194.03	0	20,479	0		43.00
44.00	ORTHOPEDIC CLINIC	194.04	0	10,239	0		44.00
45.00	LIFESTYLES	194.12	0	20,479	0		45.00
46.00	FOUNDATION	194.14	0	30,718	0		46.00
47.00	CARDIO SPECIALTY CARE CLINIC	194.19	0	71,676	0		47.00
TOTALS			0	4,013,864			
K - A&P RECLASS							
1.00	INTENSIVE CARE UNIT	31.00	121,504	58,840	0		1.00
TOTALS			121,504	58,840			
L - IV THERAPY RECLASS							
1.00	EMERGENCY	91.00	317,878	96,964	0		1.00
TOTALS			317,878	96,964			
M - RADIOLOGY-DIAG RECLASS							
1.00	CARDIOLOGY	69.01	20,925	62,694	0		1.00
TOTALS			20,925	62,694			
N - OR RECLASS							
1.00	CARDIOLOGY	69.01	52,134	121,228	0		1.00
TOTALS			52,134	121,228			
O - BLOOD RECLASS							
1.00	LABORATORY	60.00	0	281,141	0		1.00
TOTALS			0	281,141			
P - PULMONARY RECLASS							
1.00	RESPIRATORY THERAPY	65.00	52,929	24,996	0		1.00
TOTALS			52,929	24,996			

RECLASSIFICATIONS

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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>Q - CARDIOLOGY RECLASS</b>							
1.00	ELECTROCARDIOLOGY	69.00	111,026	57,849	0		1.00
	TOTALS		111,026	57,849			
<b>R - CLINIC RECLASS</b>							
1.00	INTRAVENOUS THERAPY	64.00	16,407	7,652	0		1.00
	TOTALS		16,407	7,652			
<b>S - RECOVERY RECLASS</b>							
1.00	ADULTS & PEDIATRICS	30.00	136,710	43,863	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	140,740	45,793	0		2.00
	TOTALS		277,450	89,656			
<b>T - OBSERVATION RECLASS</b>							
1.00	INTENSIVE CARE UNIT	31.00	55,266	26,763	0		1.00
2.00	NURSERY	43.00	505	152	0		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	20	40	0		3.00
4.00	EMERGENCY	91.00	2	5	0		4.00
	TOTALS		55,793	26,960			
<b>U - SHOCKWAVE THERAPY RECLASS</b>							
1.00	OPERATING ROOM	50.00	10,670	17,830	0		1.00
	TOTALS		10,670	17,830			
<b>V - OT RECLASS</b>							
1.00	PHYSICAL THERAPY	66.00	122,355	39,232	0		1.00
	TOTALS		122,355	39,232			
<b>W - EKG-ECG RECLASS</b>							
1.00	EMERGENCY	91.00	78,891	24,064	0		1.00
	TOTALS		78,891	24,064			
<b>X - TREATMENT RECLASS</b>							
1.00	ULTRASOUND	54.02	3,473	2,556	0		1.00
2.00	INTRAVENOUS THERAPY	64.00	257,199	119,963	0		2.00
	TOTALS		260,672	122,519			
500.00	Grand Total: Decreases		1,542,231	16,043,880			500.00

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Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	4.00		6.00		
	3.00	4.00		7.00	8.00	
<b>A - SAME DAY ICU</b>						
1.00	ADULTS & PEDIATRICS	30.00	INTENSIVE CARE UNIT	31.00	43,597	1.00
	TOTALS	43,597	TOTALS		43,597	
<b>B - DRUGS RECLASS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	PHARMACY	15.00	0	1.00
2.00		0.00	ADULTS & PEDIATRICS	30.00	0	2.00
3.00		0.00	INTENSIVE CARE UNIT	31.00	0	3.00
4.00		0.00	SUBPROVIDER - IPF	40.00	0	4.00
5.00		0.00	SUBPROVIDER - IRF	41.00	0	5.00
6.00		0.00	NURSERY	43.00	0	6.00
7.00		0.00	OPERATING ROOM	50.00	0	7.00
8.00		0.00	RECOVERY ROOM	51.00	0	8.00
9.00		0.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9.00
10.00		0.00	ANESTHESIOLOGY	53.00	0	10.00
11.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00		0.00	NUCLEAR MEDICINE	54.01	0	12.00
13.00		0.00	ULTRASOUND	54.02	0	13.00
14.00		0.00	RADIOLOGY-THERAPEUTIC	55.00	0	14.00
15.00		0.00	COMPUTED TOMOGRAPHY (CT)	57.00	0	15.00
16.00		0.00	SCAN			
			MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16.00
17.00		0.00	INTRAVENOUS THERAPY	64.00	0	17.00
18.00		0.00	RESPIRATORY THERAPY	65.00	0	18.00
19.00		0.00	CARDIOLOGY	69.01	0	19.00
20.00		0.00	ELECTROENCEPHALOGRAPHY	70.00	0	20.00
21.00		0.00	EMERGENCY	91.00	0	21.00
22.00		0.00	HOME HEALTH AGENCY	101.00	0	22.00
23.00		0.00	VITACARE	194.02	0	23.00
24.00		0.00	CARDIO SPECIALTY CARE CLINIC	194.19	0	24.00
	TOTALS		TOTALS		0	
<b>C - LAUNDRY RECLASS</b>						
1.00	LAUNDRY & LINEN SERVICE	8.00		0.00	0	1.00
2.00		0.00	NURSING ADMINISTRATION	13.00	0	2.00
3.00		0.00	CENTRAL SERVICES & SUPPLY	14.00	0	3.00
4.00		0.00	PHARMACY	15.00	0	4.00
5.00		0.00	ADULTS & PEDIATRICS	30.00	0	5.00
6.00		0.00	INTENSIVE CARE UNIT	31.00	0	6.00
7.00		0.00	SUBPROVIDER - IPF	40.00	0	7.00
8.00		0.00	SUBPROVIDER - IRF	41.00	0	8.00
9.00		0.00	NURSERY	43.00	0	9.00
10.00		0.00	OPERATING ROOM	50.00	0	10.00
11.00		0.00	RECOVERY ROOM	51.00	0	11.00
12.00		0.00	DELIVERY ROOM & LABOR ROOM	52.00	0	12.00
13.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13.00
14.00		0.00	RADIOLOGY-THERAPEUTIC	55.00	0	14.00
15.00		0.00	LABORATORY	60.00	0	15.00
16.00		0.00	INTRAVENOUS THERAPY	64.00	0	16.00
17.00		0.00	RESPIRATORY THERAPY	65.00	0	17.00
18.00		0.00	PHYSICAL THERAPY	66.00	0	18.00
19.00		0.00	ELECTROCARDIOLOGY	69.00	0	19.00
20.00		0.00	CARDIOLOGY	69.01	0	20.00
21.00		0.00	ELECTROENCEPHALOGRAPHY	70.00	0	21.00
22.00		0.00	RENAL DIALYSIS	74.00	0	22.00
23.00		0.00	CARDIAC REHABILITATION	76.97	0	23.00
24.00		0.00	HYPERBARI C OXYGEN THERAPY	76.98	0	24.00
25.00		0.00	CLINIC	90.00	0	25.00
26.00		0.00	EMERGENCY	91.00	0	26.00
27.00		0.00	AMBULANCE SERVICES	95.00	0	27.00
28.00		0.00	HOME HEALTH AGENCY	101.00	0	28.00
29.00		0.00	BUSINESS HEALTH	194.01	0	29.00
30.00		0.00	VITACARE	194.02	0	30.00
31.00		0.00	CASCADE CLINIC	194.03	0	31.00
32.00		0.00	LIFESTYLES	194.12	0	32.00
	TOTALS		TOTALS		0	
<b>D - CHAPLAIN RECLASS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.01	ADMINISTRATIVE & GENERAL	5.01	0	1.00
	TOTALS	33,422	TOTALS		0	
<b>E - PROPERTY FOR FUTURE RECLASS</b>						
1.00	RENTAL PROPERTY	194.09	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
	TOTALS		TOTALS		0	

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Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>F - PHYSICIAN BILLING</b>						
1.00	PHYSICIAN BILLING	194.15	111,267	PHYSICIAN BILLING	194.15	0
	TOTALS		111,267	TOTALS		0
<b>G - CONTRA ACCOUNTS RECLASS</b>						
1.00	CONTRACT CLEANING	194.07	8,167	CONTRACT CLEANING	194.07	0
2.00	DI M MAINTENANCE	194.08	70,096	DI M MAINTENANCE	194.08	0
3.00	HEALTHCARE AFFILIATES OF TRI -STATES	194.13	211,183	HEALTHCARE AFFILIATES OF TRI -STATES	194.13	0
4.00	CONTRACTED ULTRASOUND	194.18	8,534	CONTRACTED ULTRASOUND	194.18	0
	TOTALS		297,980	TOTALS		0
<b>H - MEDICAL SUPPLIES RECLASS</b>						
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	OPERATION OF PLANT	7.00	0
2.00		0.00	0	HOUSEKEEPING	9.00	0
3.00		0.00	0	DIETARY	10.00	0
4.00		0.00	0	NURSING ADMINISTRATION	13.00	0
5.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0
6.00		0.00	0	PHARMACY	15.00	0
7.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0
8.00		0.00	0	ADULTS & PEDIATRICS	30.00	0
9.00		0.00	0	INTENSIVE CARE UNIT	31.00	0
10.00		0.00	0	SUBPROVIDER - I PF	40.00	0
11.00		0.00	0	SUBPROVIDER - I RF	41.00	0
12.00		0.00	0	NURSERY	43.00	0
13.00		0.00	0	OPERATING ROOM	50.00	0
14.00		0.00	0	RECOVERY ROOM	51.00	0
15.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0
16.00		0.00	0	ANESTHESIOLOGY	53.00	0
17.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0
18.00		0.00	0	NUCLEAR MEDICINE	54.01	0
19.00		0.00	0	ULTRASOUND	54.02	0
20.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0
21.00		0.00	0	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0
22.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0
23.00		0.00	0	LABORATORY	60.00	0
24.00		0.00	0	INTRAVENOUS THERAPY	64.00	0
25.00		0.00	0	RESPIRATORY THERAPY	65.00	0
26.00		0.00	0	PHYSICAL THERAPY	66.00	0
27.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0
28.00		0.00	0	SPEECH PATHOLOGY	68.00	0
29.00		0.00	0	ELECTROCARDIOLOGY	69.00	0
30.00		0.00	0	CARDIOLOGY	69.01	0
31.00		0.00	0	ELECTROENCEPHALOGRAPHY	70.00	0
32.00		0.00	0	RENAL DIALYSIS	74.00	0
33.00		0.00	0	CARDIAC REHABILITATION	76.97	0
34.00		0.00	0	HYPERBARIC OXYGEN THERAPY	76.98	0
35.00		0.00	0	CLINIC	90.00	0
36.00		0.00	0	EMERGENCY	91.00	0
	TOTALS			TOTALS		0
<b>I - IMPLANTABLE SUPPLIES RECLASS</b>						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	NURSING ADMINISTRATION	13.00	0
2.00	SUBPROVIDER - I RF	41.00	0	PHARMACY	15.00	0
3.00		0.00	0	ADULTS & PEDIATRICS	30.00	0
4.00		0.00	0	INTENSIVE CARE UNIT	31.00	0
5.00		0.00	0	SUBPROVIDER - I PF	40.00	0
6.00		0.00	0	SUBPROVIDER - I RF	41.00	0
7.00		0.00	0	NURSERY	43.00	0
8.00		0.00	0	OPERATING ROOM	50.00	0
9.00		0.00	0	RECOVERY ROOM	51.00	0
10.00		0.00	0	ANESTHESIOLOGY	53.00	0
11.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0
12.00		0.00	0	NUCLEAR MEDICINE	54.01	0
13.00		0.00	0	ULTRASOUND	54.02	0
14.00		0.00	0	RADIOLOGY-THERAPEUTIC	55.00	0
15.00		0.00	0	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0
16.00		0.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0
17.00		0.00	0	INTRAVENOUS THERAPY	64.00	0
18.00		0.00	0	RESPIRATORY THERAPY	65.00	0
19.00		0.00	0	CARDIOLOGY	69.01	0

RECLASSIFICATIONS

Provider CCN: 160117

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/19/2014 2:34 pm

Increases				Decreases				
Cost Center	Line #	Salary	Cost Center	Line #	Salary			
2.00	3.00	4.00	6.00	7.00	8.00			
20.00		0.00	0CLINIC	90.00		0	20.00	
21.00		0.00	0EMERGENCY	91.00		0	21.00	
TOTALS				0TOTALS				0
J - IT CHARGES RECLASS								
1.00	ADMINISTRATIVE & GENERAL	5.01	0REHAB ADMINISTRATI ON	5.02		0	1.00	
2.00		0.00	0RADIOLOGY ADMINI STRATI ON	5.03		0	2.00	
3.00		0.00	0OCCUPATIONAL HEALTH ADMINI STRATI ON	5.04		0	3.00	
4.00		0.00	0OTHER ADMINI STRATI VE AND GENERAL	5.05		0	4.00	
5.00		0.00	0OPERATI ON OF PLANT	7.00		0	5.00	
6.00		0.00	0HOUSEKEEPING	9.00		0	6.00	
7.00		0.00	0DIETARY	10.00		0	7.00	
8.00		0.00	0NURSING ADMINI STRATI ON	13.00		0	8.00	
9.00		0.00	0CENTRAL SERVI CES & SUPPLY	14.00		0	9.00	
10.00		0.00	0PHARMACY	15.00		0	10.00	
11.00		0.00	0MEDICAL RECORDS & LIBRARY	16.00		0	11.00	
12.00		0.00	0SOCIAL SERVI CE	17.00		0	12.00	
13.00		0.00	0ADULTS & PEDI ATRI CS	30.00		0	13.00	
14.00		0.00	0INTENSIVE CARE UNI T	31.00		0	14.00	
15.00		0.00	0SUBPROVI DER - I PF	40.00		0	15.00	
16.00		0.00	0SUBPROVI DER - I RF	41.00		0	16.00	
17.00		0.00	0NURSERY	43.00		0	17.00	
18.00		0.00	0OPERATI NG ROOM	50.00		0	18.00	
19.00		0.00	0RECOVERY ROOM	51.00		0	19.00	
20.00		0.00	0ANESTHESI OLOGY	53.00		0	20.00	
21.00		0.00	0RADIOLOGY-DI AGNOSTI C	54.00		0	21.00	
22.00		0.00	0NUCLEAR MEDI CINE	54.01		0	22.00	
23.00		0.00	0ULTRASOUND	54.02		0	23.00	
24.00		0.00	0RADIOLOGY-THERAPEUTI C	55.00		0	24.00	
25.00		0.00	0COMPUTED TOMOGRAPHY (CT) SCAN	57.00		0	25.00	
26.00		0.00	0MAGNETIC RESONANCE IMAGI NG (MRI )	58.00		0	26.00	
27.00		0.00	0LABORATORY	60.00		0	27.00	
28.00		0.00	0INTRAVENOUS THERAPY	64.00		0	28.00	
29.00		0.00	0RESPI RATORY THERAPY	65.00		0	29.00	
30.00		0.00	0PHYSI CAL THERAPY	66.00		0	30.00	
31.00		0.00	0SPEECH PATHOLOGY	68.00		0	31.00	
32.00		0.00	0ELECTROCARDI OLOGY	69.00		0	32.00	
33.00		0.00	0CARDI OLOGY	69.01		0	33.00	
34.00		0.00	0ELECTROENCEPHALOGRAPHY	70.00		0	34.00	
35.00		0.00	0RENAL DI ALYSIS	74.00		0	35.00	
36.00		0.00	0CARDI AC REHABI LITATI ON	76.97		0	36.00	
37.00		0.00	0CLINI C	90.00		0	37.00	
38.00		0.00	0EMERGENCY	91.00		0	38.00	
39.00		0.00	0HOME HEALTH AGENCY	101.00		0	39.00	
40.00		0.00	0MARKETI NG	194.00		0	40.00	
41.00		0.00	0BUSI NESS HEALTH	194.01		0	41.00	
42.00		0.00	0VI TACARE	194.02		0	42.00	
43.00		0.00	0CASCADE CLINI C	194.03		0	43.00	
44.00		0.00	0ORTHOPEDI C CLINI C	194.04		0	44.00	
45.00		0.00	0LI FESTYLES	194.12		0	45.00	
46.00		0.00	0FOUNDATI ON	194.14		0	46.00	
47.00		0.00	0CARDI O SPECIALTY CARE CLINI C	194.19		0	47.00	
TOTALS				0TOTALS				0
K - A&P RECLASS								
1.00	ADULTS & PEDI ATRI CS	30.00	121,504INTENSIVE CARE UNI T	31.00		121,504	1.00	
TOTALS				121,504TOTALS				121,504
L - IV THERAPY RECLASS								
1.00	INTRAVENOUS THERAPY	64.00	317,878EMERGENCY	91.00		317,878	1.00	
TOTALS				317,878TOTALS				317,878
M - RADIOLOGY-DI AG RECLASS								
1.00	RADIOLOGY-DI AGNOSTI C	54.00	20,925CARDI OLOGY	69.01		20,925	1.00	
TOTALS				20,925TOTALS				20,925
N - OR RECLASS								
1.00	OPERATI NG ROOM	50.00	52,134CARDI OLOGY	69.01		52,134	1.00	
TOTALS				52,134TOTALS				52,134
O - BLOOD RECLASS								
1.00	BLOOD STORI NG, PROCESSI NG & TRANS.	63.00	0LABORATORY	60.00		0	1.00	
TOTALS				0TOTALS				0

RECLASSIFICATIONS

Provider CCN: 160117

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/19/2014 2:34 pm

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	P - PULMONARY RECLASS						
1.00	PULMONARY FUNCTION	65.01	52,929	RESPIRATORY THERAPY	65.00	52,929	1.00
	TOTALS		52,929	TOTALS		52,929	
	Q - CARDIOLOGY RECLASS						
1.00	CARDIOLOGY	69.01	111,026	ELECTROCARDIOLOGY	69.00	111,026	1.00
	TOTALS		111,026	TOTALS		111,026	
	R - CLINIC RECLASS						
1.00	CLINIC	90.00	16,407	INTRAVENOUS THERAPY	64.00	16,407	1.00
	TOTALS		16,407	TOTALS		16,407	
	S - RECOVERY RECLASS						
1.00	RECOVERY ROOM	51.00	277,450	ADULTS & PEDIATRICS	30.00	136,710	1.00
2.00		0.00		DELIVERY ROOM & LABOR ROOM	52.00	140,740	2.00
	TOTALS		277,450	TOTALS		277,450	
	T - OBSERVATION RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	55,793	INTENSIVE CARE UNIT	31.00	55,266	1.00
2.00		0.00		NURSERY	43.00	505	2.00
3.00		0.00		MAGNETIC RESONANCE IMAGING (MRI)	58.00	20	3.00
4.00		0.00		EMERGENCY	91.00	2	4.00
	TOTALS		55,793	TOTALS		55,793	
	U - SHOCKWAVE THERAPY RECLASS						
1.00	ELECTROSHOCK THERAPY	76.00	10,670	OPERATING ROOM	50.00	10,670	1.00
	TOTALS		10,670	TOTALS		10,670	
	V - OT RECLASS						
1.00	OCCUPATIONAL THERAPY	67.00	122,355	PHYSICAL THERAPY	66.00	122,355	1.00
	TOTALS		122,355	TOTALS		122,355	
	W - EKG-ECG RECLASS						
1.00	ELECTROCARDIOLOGY	69.00	78,891	EMERGENCY	91.00	78,891	1.00
	TOTALS		78,891	TOTALS		78,891	
	X - TREATMENT RECLASS						
1.00	CLINIC	90.00	260,672	ULTRASOUND	54.02	3,473	1.00
2.00		0.00		INTRAVENOUS THERAPY	64.00	257,199	2.00
	TOTALS		260,672	TOTALS		260,672	
500.00	Grand Total: Increases		1,984,900	Grand Total: Decreases		1,542,231	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160117

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/19/2014 2:33 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	3,531,743	169,696	0	169,696	0	1.00
2.00	Land Improvements	6,207,191	37,825	0	37,825	0	2.00
3.00	Buildings and Fixtures	65,899,002	448,124	0	448,124	268,791	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	43,902,736	4,208,288	0	4,208,288	1,431,552	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	119,540,672	4,863,933	0	4,863,933	1,700,343	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	119,540,672	4,863,933	0	4,863,933	1,700,343	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	3,701,439	0				1.00
2.00	Land Improvements	6,245,016	0				2.00
3.00	Buildings and Fixtures	66,078,335	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	46,679,472	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)	122,704,262	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	122,704,262	0				10.00



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160117

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/19/2014 2:33 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	2,805,490	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)	2,805,490	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	2,805,490				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,805,490				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160117

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/19/2014 2:33 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	119,540,672	0	119,540,672	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)	119,540,672	0	119,540,672	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	2,704,984	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)	0	0	0	2,704,984	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,851	0	0	0	2,706,835	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,851	0	0	0	2,706,835	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 160117

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

Worksheet A-8

Date/Time Prepared:  
5/19/2014 2:33 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 #			
			3.00	4.00			
1.00	2.00	3.00	4.00	5.00			
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	-179,002		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)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,940,903				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	7,737,708				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-518,134		DIETARY	10.00	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	B	-478,440		PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-36,957		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	-75,092		DIETARY	10.00	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				CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP				CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist				NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant					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 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 NURSING ADMINISTRATION	B	-10,512	NURSING ADMINISTRATION		13.00	0 33.01
33.03 GEROPYSCH REVENUE	B	-3,481	SUBPROVIDER - IPF		40.00	0 33.03
33.04 OPERATING ROOM REVENUE	B	-7,679	OPERATING ROOM		50.00	0 33.04
33.05 LABOR & DELIVERY REVENUE	B	-2,690	DELIVERY ROOM & LABOR ROOM		52.00	0 33.05
33.06 RADIOLOGY - THER REVENUE	B	-60	RADIOLOGY-THERAPEUTIC		55.00	0 33.06
33.07 PT REVENUE	B	-150,618	PHYSICAL THERAPY		66.00	0 33.07
33.08 CARDIAC REHAB REVENUE	B	-15,618	CARDIAC REHABILITATION		76.97	0 33.08
33.09 HHA REVENUE	B	-5	HOME HEALTH AGENCY		101.00	0 33.09
33.10 OPERATION OF PLAN REVENUE	B	-1,160	EMERGENCY		91.00	0 33.10
33.11 CLINIC REVENUE	B	-33,311	CLINIC		90.00	0 33.11
33.13 RADIOLOGY REVENUE	B	-600	CARDIOLOGY		69.01	0 33.13
33.14 OPERATION OF PLAN REVENUE	B	-2,983	OPERATION OF PLANT		7.00	0 33.14
34.00 CRNA STANDBY COST	A	-222,000	ANESTHESIOLOGY		53.00	0 34.00
35.00 REMOVE CONTRA EXPENSE ACCOUNT	A	914	OPERATION OF PLANT		7.00	0 35.00
35.01 REMOVE CONTRA EXPENSE ACCOUNT	A	735	RADIOLOGY-THERAPEUTIC		55.00	0 35.01
35.02 REMOVE CONTRA EXPENSE ACCOUNT	A	810,242	LABORATORY		60.00	0 35.02
35.03 REMOVE CONTRA EXPENSE ACCOUNT	A	2,348	EMERGENCY		91.00	0 35.03
35.04 REMOVE CONTRA EXPENSE ACCOUNT	A	124	HOME HEALTH AGENCY		101.00	0 35.04
35.05 REMOVE CONTRA EXPENSE ACCOUNT	A	10,318	CONTRACT CLEANING		194.07	0 35.05
35.06 REMOVE CONTRA EXPENSE ACCOUNT	A	70,096	DI MAINTENANCE		194.08	0 35.06
35.07 REMOVE CONTRA EXPENSE ACCOUNT	A	254,111	HEALTHCARE AFFILIATES OF TRI-STATES		194.13	0 35.07
35.08 REMOVE CONTRA EXPENSE ACCOUNT	A	12,651	CONTRACTED ULTRASOUND		194.18	0 35.08
35.09 REMOVE CONTRA EXPENSE ACCOUNT	A	166	RECOVERY ROOM		51.00	0 35.09
35.10 REMOVE CONTRA EXPENSE ACCOUNT	A	42	ADULTS & PEDIATRICS		30.00	0 35.10
35.11 REMOVE CONTRA EXPENSE ACCOUNT	A	13,224	CLINIC		90.00	0 35.11
36.00 DISALLOWED INTEREST	A	-146,495	INTEREST EXPENSE		113.00	0 36.00
38.00 BOND ISSUE COST	A	1,851	CAP REL COSTS-BLDG & FIXT		1.00	11 38.00
39.00 PHYSICIAN BILLING	A	144,787	PHYSICIAN BILLING		194.15	0 39.00
40.00 CHAPLAIN	A	33,422	ADMINISTRATIVE & GENERAL		5.01	0 40.00
41.00 SELF INSURANCE	A	-14,209	ADMINISTRATIVE & GENERAL		5.01	0 41.00
41.01 SELF INSURANCE	A	-6,856	REHAB ADMINISTRATION		5.02	0 41.01
41.02 SELF INSURANCE	A	-12,534	RADIOLOGY ADMINISTRATION		5.03	0 41.02
41.03 SELF INSURANCE	A	-22,668	OPERATION OF PLANT		7.00	0 41.03
41.04 SELF INSURANCE	A	-38,605	HOUSEKEEPING		9.00	0 41.04
41.05 SELF INSURANCE	A	-46,535	DIETARY		10.00	0 41.05
41.06 SELF INSURANCE	A	-41,637	NURSING ADMINISTRATION		13.00	0 41.06
41.07 SELF INSURANCE	A	-12,957	CENTRAL SERVICES & SUPPLY		14.00	0 41.07
41.08 SELF INSURANCE	A	-19,912	PHARMACY		15.00	0 41.08
41.09 SELF INSURANCE	A	-18,285	MEDICAL RECORDS & LIBRARY		16.00	0 41.09
41.10 SELF INSURANCE	A	-4,683	SOCIAL SERVICE		17.00	0 41.10
41.11 SELF INSURANCE	A	-125,992	ADULTS & PEDIATRICS		30.00	0 41.11
41.12 SELF INSURANCE	A	-36,593	INTENSIVE CARE UNIT		31.00	0 41.12
41.13 SELF INSURANCE	A	-16,572	SUBPROVIDER - IPF		40.00	0 41.13
41.14 SELF INSURANCE	A	-19,590	SUBPROVIDER - IRF		41.00	0 41.14
41.15 SELF INSURANCE	A	-13,299	NURSERY		43.00	0 41.15
41.16 SELF INSURANCE	A	-57,936	OPERATING ROOM		50.00	0 41.16
41.17 SELF INSURANCE	A	-26,444	RECOVERY ROOM		51.00	0 41.17
41.18 SELF INSURANCE	A	-15,133	DELIVERY ROOM & LABOR ROOM		52.00	0 41.18
41.19 SELF INSURANCE	A	-1,512	ANESTHESIOLOGY		53.00	0 41.19
41.20 SELF INSURANCE	A	-18,988	RADIOLOGY-DIAGNOSTIC		54.00	0 41.20
41.21 SELF INSURANCE	A	-1,544	NUCLEAR MEDICINE		54.01	0 41.21
41.22 SELF INSURANCE	A	-3,189	ULTRASOUND		54.02	0 41.22
41.23 SELF INSURANCE	A	-19,924	RADIOLOGY-THERAPEUTIC		55.00	0 41.23
41.24 SELF INSURANCE	A	-3,424	COMPUTED TOMOGRAPHY (CT) SCAN		57.00	0 41.24
41.25 SELF INSURANCE	A	-4,143	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0 41.25
41.26 SELF INSURANCE	A	-8,163	INTRAVENOUS THERAPY		64.00	0 41.26
41.27 SELF INSURANCE	A	-13,059	RESPIRATORY THERAPY		65.00	0 41.27
41.28 SELF INSURANCE	A	-45,542	PHYSICAL THERAPY		66.00	0 41.28
41.29 SELF INSURANCE	A	-6,569	OCCUPATIONAL THERAPY		67.00	0 41.29
41.30 SELF INSURANCE	A	-2,702	SPEECH PATHOLOGY		68.00	0 41.30
41.31 SELF INSURANCE	A	-2,639	ELECTROCARDIOLOGY		69.00	0 41.31
41.32 SELF INSURANCE	A	-9,661	CARDIOLOGY		69.01	0 41.32
41.33 SELF INSURANCE	A	-3,046	ELECTROENCEPHALOGRAPHY		70.00	0 41.33
41.34 SELF INSURANCE	A	-3,470	CARDIAC REHABILITATION		76.97	0 41.34
41.35 SELF INSURANCE	A	-1,747	HYPERBARIC OXYGEN THERAPY		76.98	0 41.35
41.36 SELF INSURANCE	A	-15,055	CLINIC		90.00	0 41.36

Provider CCN: 160117

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

Worksheet A-8

Date/Time Prepared:  
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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		
41.37 SELF INSURANCE	A	-52,323	EMERGENCY	91.00	0	41.37
41.38 SELF INSURANCE	A	-40,609	HOME HEALTH AGENCY	101.00	0	41.38
41.39 SELF INSURANCE	A	-5,897	MARKETING	194.00	0	41.39
41.40 SELF INSURANCE	A	-8,179	BUSINESS HEALTH	194.01	0	41.40
41.41 SELF INSURANCE	A	-13,507	VI TACARE	194.02	0	41.41
41.42 SELF INSURANCE	A	-4,285	CASCADE CLINIC	194.03	0	41.42
41.43 SELF INSURANCE	A	-920	ORTHOPEDIC CLINIC	194.04	0	41.43
41.44 SELF INSURANCE	A	-1,630	RSVP	194.06	0	41.44
41.45 SELF INSURANCE	A	-1,829	DIM MAINTENANCE	194.08	0	41.45
41.46 SELF INSURANCE	A	-2,252	LI FESTYLES	194.12	0	41.46
41.47 SELF INSURANCE	A	-3,005	HEALTHCARE AFFILIATES OF TRI-STATES	194.13	0	41.47
41.48 SELF INSURANCE	A	-325	CONTRACTED ULTRASOUND	194.18	0	41.48
41.49 SELF INSURANCE	A	-4,858	OCCUPATIONAL HEALTH ADMINISTRATION	5.04	0	41.49
41.50 SELF INSURANCE	A	-62	NORTH GRANDVIEW OFFICE	194.11	0	41.50
41.51 SELF INSURANCE	A	-1,339	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	41.51
42.00 OFFSET PROVIDER TAX ASSESSMENT	A	-536,773	ADMINISTRATIVE & GENERAL	5.01	0	42.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		2,874,389				50.00

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

Provider CCN: 160117

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

Worksheet A-8-1

Date/Time Prepared:  
5/19/2014 2:33 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	FINLEY TRI -STATES ALLOCAT	1,062,378	0
2.00	5.01	ADMINISTRATIVE & GENERAL	FINLEY TRI -STATES ALLOCAT	12,263,603	3,833,482
3.00	113.00	INTEREST EXPENSE	FINLEY TRI -STATES ALLOCAT	374,921	358,411
4.00	101.00	HOME HEALTH AGENCY	FINLEY TRI -STATES ALLOCAT	121,655	314,704
4.01	60.00	LABORATORY	PURCHASED LAB	3,483,522	5,061,774
5.00	0			17,306,079	9,568,371

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

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

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

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

6.00	B	IOWA HEALTH SYSTEM	100.00	HOME OFFICE	100.00	6.00
7.00	C		0.00	UNITED CLINICAL LAB	100.00	7.00
8.00	B	FINLEY TRI -STAT	100.00	HOME OFFICE	100.00	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: 160117

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

Worksheet A-8-1

Date/Time Prepared:  
5/19/2014 2:33 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	1,062,378	0		1.00
2.00	8,430,121	0		2.00
3.00	16,510	11		3.00
4.00	-193,049	0		4.00
4.01	-1,578,252	0		4.01
5.00	7,737,708			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00	LAB SERVICE		7.00
8.00	HEALTHCARE		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: 160117

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

Worksheet A-8-2

Date/Time Prepared:  
5/19/2014 2:34 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.01	AGGREGATE-ADMINISTRATIVE & GENERAL	46,112	17,874	28,238	171,400	226	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	50,000	50,000	0	171,400	0	2.00
3.00	41.00	AGGREGATE-SUBPROVIDER - IRF	108,580	108,580	0	231,100	0	3.00
4.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	41,089	23,169	17,920	171,400	80	4.00
5.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	2,135	2,135	0	171,400	0	5.00
6.00	76.97	AGGREGATE-CARDIAC REHABILITATION	617	0	617	171,400	3	6.00
7.00	90.00	AGGREGATE-CLINIC	436,394	422,919	13,475	171,400	118	7.00
8.00	91.00	AGGREGATE-EMERGENCY	2,423,997	1,957,150	466,847	171,400	1,612	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,108,924	2,581,827	527,097		2,039	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.01	AGGREGATE-ADMINISTRATIVE & GENERAL	18,623	931	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	6,592	330	0	0	0	4.00
5.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	0	0	5.00
6.00	76.97	AGGREGATE-CARDIAC REHABILITATION	247	12	0	0	0	6.00
7.00	90.00	AGGREGATE-CLINIC	9,724	486	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	132,835	6,642	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			168,021	8,401	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.01	AGGREGATE-ADMINISTRATIVE & GENERAL	0	18,623	9,615	27,489		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	50,000		2.00
3.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	108,580		3.00
4.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	6,592	11,328	34,497		4.00
5.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	2,135		5.00
6.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	247	370	370		6.00
7.00	90.00	AGGREGATE-CLINIC	0	9,724	3,751	426,670		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	132,835	334,012	2,291,162		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	168,021	359,076	2,940,903		200.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,706,835	2,706,835			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,062,378	23,876	0	1,086,254	4.00
5.01 00590	ADMINISTRATIVE & GENERAL	13,305,631	214,626	0	19,527	13,539,784 5.01
5.02 00591	REHAB ADMINISTRATION	281,998	0	0	7,500	289,498 5.02
5.03 00592	RADIOLOGY ADMINISTRATION	476,269	0	0	12,558	488,827 5.03
5.04 00510	OCCUPATIONAL HEALTH ADMINISTRATION	162,646	0	0	4,387	167,033 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	75,611	0	0	2,053	77,664 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	2,180,902	39,942	0	21,138	2,241,982 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	356,672	0	0	0	356,672 8.00
9.00 00900	HOUSEKEEPING	1,289,487	34,810	0	24,201	1,348,498 9.00
10.00 01000	DIETARY	1,453,375	87,649	0	29,768	1,570,792 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	2,781,255	33,661	0	60,614	2,875,530 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	600,997	38,268	0	8,962	648,227 14.00
15.00 01500	PHARMACY	1,044,320	45,387	0	33,512	1,123,219 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	980,584	40,254	0	18,120	1,038,958 16.00
17.00 01700	SOCIAL SERVICE	154,551	0	0	4,059	158,610 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	6,292,543	606,517	0	151,699	7,050,759 30.00
31.00 03100	INTENSIVE CARE UNIT	1,655,133	57,157	0	36,564	1,748,854 31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
33.01 03301	NURSING ADMINISTRATION	0	0	0	0	0 33.01
33.02 03302	GEROPYSCH REVENUE	0	0	0	0	0 33.02
33.03 03303	OPERATING ROOM REVENUE	0	0	0	0	0 33.03
33.04 03304	LABOR & DELIVERY REVENUE	0	0	0	0	0 33.04
33.05 03305	RADIOLOGY - THER REVENUE	0	0	0	0	0 33.05
33.06 03306	PT REVENUE	0	0	0	0	0 33.06
33.07 03307	CARDIAC REHAB REVENUE	0	0	0	0	0 33.07
33.08 03308	HHA REVENUE	0	0	0	0	0 33.08
33.09 03309	OPERATION OF PLANT REVENUE	0	0	0	0	0 33.09
33.10 03310	CLINIC REVENUE	0	0	0	0	0 33.10
40.00 04000	SUBPROVIDER - I PF	1,139,707	62,144	0	16,694	1,218,545 40.00
41.00 04100	SUBPROVIDER - I RF	1,456,924	73,022	0	27,691	1,557,637 41.00
43.00 04300	NURSERY	713,318	14,839	0	17,810	745,967 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	5,731,895	151,366	0	69,110	5,952,371 50.00
51.00 05100	RECOVERY ROOM	1,741,899	133,069	0	43,730	1,918,698 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	628,339	25,895	0	15,769	670,003 52.00
53.00 05300	ANESTHESIOLOGY	189,779	0	0	1,080	190,859 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,581,409	143,635	0	21,316	1,746,360 54.00
54.01 03450	NUCLEAR MEDICINE	270,928	0	0	2,593	273,521 54.01
54.02 03630	ULTRASOUND	296,818	1,874	0	5,489	304,181 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	1,966,972	131,250	0	32,201	2,130,423 55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	826,763	0	0	7,214	833,977 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	566,426	0	0	6,275	572,701 58.00
60.00 06000	LABORATORY	3,483,640	49,537	0	0	3,533,177 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	281,141	0	0	0	281,141 63.00
64.00 06400	INTRAVENOUS THERAPY	444,769	15,876	0	11,148	471,793 64.00
65.00 06500	RESPIRATORY THERAPY	558,219	22,794	0	12,342	593,355 65.00
65.01 03560	PULMONARY FUNCTION	77,925	4,764	0	1,681	84,370 65.01
66.00 06600	PHYSICAL THERAPY	2,308,042	72,699	0	18,666	2,399,407 66.00
67.00 06700	OCCUPATIONAL THERAPY	536,029	37,175	0	14,017	587,221 67.00
68.00 06800	SPEECH PATHOLOGY	206,967	0	0	5,436	212,403 68.00
69.00 06900	ELECTROCARDIOLOGY	130,025	0	0	3,368	133,393 69.00
69.01 03140	CARDIOLOGY	1,389,742	9,439	0	15,410	1,414,591 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	172,140	8,435	0	3,337	183,912 70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,735,107	0	0	0	2,735,107 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	4,606,624	0	0	0	4,606,624 72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,738,798	0	0	0	2,738,798	73.00	
74.00 07400 RENAL DIALYSIS	253,239	14,136	0	0	267,375	74.00	
76.00 03320 ELECTROSHOCK THERAPY	28,500	0	0	339	28,839	76.00	
76.97 07697 CARDIAC REHABILITATION	178,465	18,465	0	4,839	201,769	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	266,448	9,896	0	1,238	277,582	76.98	
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	1,308,428	102,823	0	39,042	1,450,293	90.00	
91.00 09100 EMERGENCY	2,434,883	141,124	0	119,812	2,695,819	91.00	
92.00 09200 OBSERVATION BEDS					0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	38,676	0	0	0	38,676	95.00	
101.00 10100 HOME HEALTH AGENCY	2,139,752	55,963	0	51,206	2,246,921	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	80,289,923	2,522,367	0	1,003,515	80,022,716	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,591	0	0	8,591	190.00	
194.00 07950 MARKETING	649,331	22,548	0	7,018	678,897	194.00	
194.01 07951 BUSINESS HEALTH	723,767	44,449	0	15,806	784,022	194.01	
194.02 07952 VI TACARE	1,233,218	56,320	0	28,353	1,317,891	194.02	
194.03 07953 CASCADE CLINIC	277,883	27,892	0	5,220	310,995	194.03	
194.04 07954 ORTHOPEDIC CLINIC	601,756	0	0	11,057	612,813	194.04	
194.05 07955 ENT CLINIC	4,488	0	0	0	4,488	194.05	
194.06 07956 RSVP	63,690	0	0	1,328	65,018	194.06	
194.07 07957 CONTRACT CLEANING	2,309	0	0	0	2,309	194.07	
194.08 07958 DIM MAINTENANCE	49,144	0	0	1,228	50,372	194.08	
194.09 07959 RENTAL PROPERTY	374,348	0	0	0	374,348	194.09	
194.10 07960 GRANDVIEW MEDICAL CENTER	65,245	0	0	0	65,245	194.10	
194.11 07961 NORTH GRANDVIEW OFFICE	79,378	0	0	142	79,520	194.11	
194.12 07962 LIFESTYLES	122,912	0	0	2,248	125,160	194.12	
194.13 07963 HEALTHCARE AFFILIATES OF TRI-STATES	218,215	0	0	6,447	224,662	194.13	
194.14 07964 FOUNDATION	67,686	7,263	0	0	74,949	194.14	
194.15 07965 PHYSICIAN BILLING	144,787	0	0	3,535	148,322	194.15	
194.16 07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16	
194.17 07967 NONREIMBURSABLE	0	17,405	0	0	17,405	194.17	
194.18 07968 CONTRACTED ULTRASOUND	14,761	0	0	357	15,118	194.18	
194.19 07969 CARDIO SPECIALTY CARE CLINIC	1,583,757	0	0	0	1,583,757	194.19	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	TOTAL (sum lines 118-201)	86,566,598	2,706,835	0	1,086,254	86,566,598	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

Worksheet B  
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Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	
			5.01	5.02	5.03	5A.03	5.04	
<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	00590	ADMINISTRATIVE & GENERAL	13,539,784					5.01
5.02	00591	REHAB ADMINISTRATION	53,675	343,173				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	90,632		579,459			5.03
5.04	00510	OCCUPATIONAL HEALTH ADMINISTRATION	30,969			198,002	198,002	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	14,400			92,064	211	5.05
6.00	00600	MAINTENANCE & REPAIRS	0			0	0	6.00
7.00	00700	OPERATION OF PLANT	415,681			2,657,663	6,094	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	66,130			422,802	969	8.00
9.00	00900	HOUSEKEEPING	250,022			1,598,520	3,665	9.00
10.00	01000	DIETARY	291,237			1,862,029	4,270	10.00
11.00	01100	CAFETERIA	0			0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0			0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0			0	0	12.00
13.00	01300	NURSING ADMINISTRATION	533,146			3,408,676	7,816	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	120,186			768,413	1,762	14.00
15.00	01500	PHARMACY	208,254			1,331,473	3,053	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	192,631			1,231,589	2,824	16.00
17.00	01700	SOCIAL SERVICE	29,408			188,018	431	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0			0	0	19.00
20.00	02000	NURSING SCHOOL	0			0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0			0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0			0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0			0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,307,299			8,358,058	19,126	30.00
31.00	03100	INTENSIVE CARE UNIT	324,252			2,073,106	4,754	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			0	0	33.00
33.01	03301	NURSING ADMINISTRATION	0			0	0	33.01
33.02	03302	GEROPYSCH REVENUE	0			0	0	33.02
33.03	03303	OPERATING ROOM REVENUE	0			0	0	33.03
33.04	03304	LABOR & DELIVERY REVENUE	0			0	0	33.04
33.05	03305	RADIOLOGY - THER REVENUE	0			0	0	33.05
33.06	03306	PT REVENUE	0			0	0	33.06
33.07	03307	CARDIAC REHAB REVENUE	0			0	0	33.07
33.08	03308	HHA REVENUE	0			0	0	33.08
33.09	03309	OPERATION OF PLANT REVENUE	0			0	0	33.09
33.10	03310	CLINIC REVENUE	0			0	0	33.10
40.00	04000	SUBPROVIDER - I PF	225,928			1,444,473	3,312	40.00
41.00	04100	SUBPROVIDER - I RF	288,798			1,846,435	4,234	41.00
43.00	04300	NURSERY	138,308			884,275	2,028	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,103,617			7,055,988	16,179	50.00
51.00	05100	RECOVERY ROOM	355,742			2,274,440	5,215	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	124,224			794,227	1,821	52.00
53.00	05300	ANESTHESIOLOGY	35,387			226,246	519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	323,789		247,025	2,317,174	5,313	54.00
54.01	03450	NUCLEAR MEDICINE	50,713		64,587	388,821	892	54.01
54.02	03630	ULTRASOUND	56,398		48,876	409,455	939	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	394,997			2,525,420	5,791	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	154,626		128,456	1,117,059	2,561	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	106,183		90,515	769,399	1,764	58.00
60.00	06000	LABORATORY	655,079			4,188,256	9,604	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0			0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	52,126			333,267	764	63.00
64.00	06400	INTRAVENOUS THERAPY	87,474			559,267	1,282	64.00
65.00	06500	RESPIRATORY THERAPY	110,013			703,368	1,613	65.00
65.01	03560	PULMONARY FUNCTION	15,643			100,013	229	65.01
66.00	06600	PHYSICAL THERAPY	444,869	99,319		2,943,595	6,750	66.00
67.00	06700	OCCUPATIONAL THERAPY	108,875	27,370		723,466	1,659	67.00
68.00	06800	SPEECH PATHOLOGY	39,381	18,824		270,608	621	68.00
69.00	06900	ELECTROCARDIOLOGY	24,732			158,125	363	69.00
69.01	03140	CARDIOLOGY	262,276			1,676,867	3,845	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	34,099			218,011	500	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	507,111			3,242,218	7,434	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	854,105			5,460,729	12,521	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	507,795			3,246,593	7,444	73.00
74.00	07400	RENAL DIALYSIS	49,573			316,948	727	74.00
76.00	03320	ELECTROSHOCK THERAPY	5,347			34,186	78	76.00
76.97	07697	CARDIAC REHABILITATION	37,410			239,179	548	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

Period:  
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To 12/31/2013

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Cost Center Description		ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATION	
		5.01	5.02	5.03	5A.03	5.04	
76.98	07698 HYPERBARIC OXYGEN THERAPY	51,466	0	0	329,048	755	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	268,896	0	0	1,719,189	3,942	90.00
91.00	09100 EMERGENCY	499,826	0	0	3,195,645	7,328	91.00
92.00	09200 OBSERVATION BEDS				0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	7,171	0	0	45,847	105	95.00
101.00	10100 HOME HEALTH AGENCY	416,597	197,660	0	2,861,178	6,561	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,326,496	343,173	579,459	78,809,428	180,216	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,593	0	0	10,184	23	190.00
194.00	07950 MARKETING	125,873	0	0	804,770	1,845	194.00
194.01	07951 BUSINESS HEALTH	145,364	0	0	929,386	2,131	194.01
194.02	07952 VITACARE	244,348	0	0	1,562,239	3,582	194.02
194.03	07953 CASCADE CLINIC	57,661	0	0	368,656	845	194.03
194.04	07954 ORTHOPEDIC CLINIC	113,620	0	0	726,433	1,666	194.04
194.05	07955 ENT CLINIC	832	0	0	5,320	12	194.05
194.06	07956 RSVP	12,055	0	0	77,073	177	194.06
194.07	07957 CONTRACT CLEANING	428	0	0	2,737	6	194.07
194.08	07958 DIM MAINTENANCE	9,339	0	0	59,711	137	194.08
194.09	07959 RENTAL PROPERTY	69,407	0	0	443,755	1,018	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	12,097	0	0	77,342	177	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	14,744	0	0	94,264	216	194.11
194.12	07962 LIFESTYLES	23,206	0	0	148,366	340	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	41,654	0	0	266,316	611	194.13
194.14	07964 FOUNDATION	13,896	0	0	88,845	204	194.14
194.15	07965 PHYSICIAN BILLING	27,500	0	0	175,822	403	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	3,227	0	0	20,632	47	194.17
194.18	07968 CONTRACTED ULTRASOUND	2,803	0	0	17,921	41	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	293,641	0	0	1,877,398	4,305	194.19
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)	13,539,784	343,173	579,459	86,566,598	198,002	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.04	5.05	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00592						5.03
5.04	00510						5.04
5.05	00560	92,275	92,275				5.05
6.00	00600	0	0	0			6.00
7.00	00700	2,663,757	2,842	0	2,666,599		7.00
8.00	00800	423,771	452	0	0	424,223	8.00
9.00	00900	1,602,185	1,710	0	38,224	0	9.00
10.00	01000	1,866,299	1,991	0	96,247	0	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
12.00	01200	0	0	0	0	0	12.00
13.00	01300	3,416,492	3,645	0	36,962	0	13.00
14.00	01400	770,175	822	0	42,022	24,017	14.00
15.00	01500	1,334,526	1,424	0	49,839	361	15.00
16.00	01600	1,234,413	1,317	0	44,203	0	16.00
17.00	01700	188,449	201	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	8,377,184	8,943	0	666,010	142,101	30.00
31.00	03100	2,077,860	2,217	0	62,764	22,267	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
33.02	03302	0	0	0	0	0	33.02
33.03	03303	0	0	0	0	0	33.03
33.04	03304	0	0	0	0	0	33.04
33.05	03305	0	0	0	0	0	33.05
33.06	03306	0	0	0	0	0	33.06
33.07	03307	0	0	0	0	0	33.07
33.08	03308	0	0	0	0	0	33.08
33.09	03309	0	0	0	0	0	33.09
33.10	03310	0	0	0	0	0	33.10
40.00	04000	1,447,785	1,545	0	68,240	7,768	40.00
41.00	04100	1,850,669	1,975	0	80,185	17,353	41.00
43.00	04300	886,303	946	0	16,294	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	7,072,167	7,546	0	166,214	49,420	50.00
51.00	05100	2,279,655	2,432	0	146,122	37,685	51.00
52.00	05200	796,048	849	0	28,435	0	52.00
53.00	05300	226,765	242	0	0	0	53.00
54.00	05400	2,322,487	2,478	0	157,724	27,732	54.00
54.01	03450	389,713	416	0	0	0	54.01
54.02	03630	410,394	438	0	2,058	0	54.02
55.00	05500	2,531,211	2,701	0	144,125	15,466	55.00
57.00	05700	1,119,620	1,195	0	0	0	57.00
58.00	05800	771,163	823	0	0	0	58.00
60.00	06000	4,197,860	4,479	0	54,396	227	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	334,031	356	0	0	0	63.00
64.00	06400	560,549	598	0	17,434	8,028	64.00
65.00	06500	704,981	752	0	25,030	808	65.00
65.01	03560	100,242	107	0	5,231	110	65.01
66.00	06600	2,950,345	3,148	0	79,830	12,175	66.00
67.00	06700	725,125	774	0	40,822	0	67.00
68.00	06800	271,229	289	0	0	0	68.00
69.00	06900	158,488	169	0	0	1,972	69.00
69.01	03140	1,680,712	1,793	0	10,365	3,588	69.01
70.00	07000	218,511	233	0	9,262	1,592	70.00
71.00	07100	3,249,652	3,467	0	0	0	71.00
72.00	07200	5,473,250	5,840	0	0	0	72.00
73.00	07300	3,254,037	3,472	0	0	0	73.00
74.00	07400	317,675	339	0	15,523	1,361	74.00
76.00	03320	34,264	37	0	0	246	76.00
76.97	07697	239,727	256	0	20,276	228	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

Period:  
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To 12/31/2013

Worksheet B  
Part I  
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A. 04	5. 05	6. 00	7. 00	8. 00	
76.98	07698 HYPERBARIC OXYGEN THERAPY	329,803	352	0	10,867	4,288	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,723,131	1,839	0	112,909	4,355	90.00
91.00	09100 EMERGENCY	3,202,973	3,418	0	154,968	40,276	91.00
92.00	09200 OBSERVATION BEDS	0					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	45,952	49	0	0	34	95.00
101.00	10100 HOME HEALTH AGENCY	2,867,739	3,060	0	61,453	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	78,791,642	83,977	0	2,464,034	423,458	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,207	11	0	9,434	0	190.00
194.00	07950 MARKETING	806,615	861	0	24,760	0	194.00
194.01	07951 BUSINESS HEALTH	931,517	994	0	48,810	0	194.01
194.02	07952 VITACARE	1,565,821	1,671	0	61,845	0	194.02
194.03	07953 CASCADE CLINIC	369,501	394	0	30,628	494	194.03
194.04	07954 ORTHOPEDIC CLINIC	728,099	777	0	0	0	194.04
194.05	07955 ENT CLINIC	5,332	6	0	0	0	194.05
194.06	07956 RSVP	77,250	82	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	2,743	3	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	59,848	64	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	444,773	475	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	77,519	83	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	94,480	101	0	0	0	194.11
194.12	07962 LIFESTYLES	148,706	159	0	0	271	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	266,927	285	0	0	0	194.13
194.14	07964 FOUNDATION	89,049	95	0	7,976	0	194.14
194.15	07965 PHYSICIAN BILLING	176,225	188	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	20,679	22	0	19,112	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	17,962	19	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	1,881,703	2,008	0	0	0	194.19
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)	86,566,598	92,275	0	2,666,599	424,223	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	
		9.00	10.00	11.00	11.01	12.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00592						5.03
5.04	00510						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	1,642,119					10.00
10.00	01000	60,132	2,024,669				10.00
11.00	01100	0	1,292,747	1,292,747			11.00
11.01	01101	0	0	1,292,747	1,292,747		11.01
12.00	01200	0	0	0	0	0	12.00
13.00	01300	23,093	0	0	74,990	0	13.00
14.00	01400	26,254	0	0	23,757	0	14.00
15.00	01500	31,137	0	0	35,962	0	15.00
16.00	01600	27,617	0	0	33,986	0	16.00
17.00	01700	0	0	0	8,605	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	416,096	404,779	0	230,541	0	30.00
31.00	03100	39,213	37,936	0	56,252	0	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
33.02	03302	0	0	0	0	0	33.02
33.03	03303	0	0	0	0	0	33.03
33.04	03304	0	0	0	0	0	33.04
33.05	03305	0	0	0	0	0	33.05
33.06	03306	0	0	0	0	0	33.06
33.07	03307	0	0	0	0	0	33.07
33.08	03308	0	0	0	0	0	33.08
33.09	03309	0	0	0	0	0	33.09
33.10	03310	0	0	0	0	0	33.10
40.00	04000	42,634	48,200	0	30,543	0	40.00
41.00	04100	50,097	39,327	0	35,051	0	41.00
43.00	04300	10,180	0	0	24,347	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	103,845	8,095	0	104,730	0	50.00
51.00	05100	91,292	0	0	60,555	0	51.00
52.00	05200	17,766	0	0	20,622	0	52.00
53.00	05300	0	0	0	2,769	0	53.00
54.00	05400	98,541	0	0	35,872	0	54.00
54.01	03450	0	0	0	2,882	0	54.01
54.02	03630	1,286	0	0	5,746	0	54.02
55.00	05500	90,045	0	0	36,070	0	55.00
57.00	05700	0	0	0	6,055	0	57.00
58.00	05800	0	0	0	7,447	0	58.00
60.00	06000	33,985	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
64.00	06400	10,892	0	0	13,055	0	64.00
65.00	06500	15,638	0	0	20,888	0	65.00
65.01	03560	3,268	0	0	2,845	0	65.01
66.00	06600	49,875	0	0	86,977	0	66.00
67.00	06700	25,504	0	0	15,899	0	67.00
68.00	06800	0	0	0	5,028	0	68.00
69.00	06900	0	0	0	3,822	0	69.00
69.01	03140	6,475	0	0	18,377	0	69.01
70.00	07000	5,787	0	0	5,475	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	9,698	0	0	0	0	74.00
76.00	03320	0	0	0	516	0	76.00
76.97	07697	12,668	0	0	6,379	0	76.97
76.98	07698	6,789	0	0	3,162	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

Period:  
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	
		9.00	10.00	11.00	11.01	12.00	
76.99	07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	70,542	0	0	41,040	0	90.00
91.00	09100 EMERGENCY	96,819	0	0	79,556	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	38,394	0	0	72,904	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,515,562	1,831,084	1,292,747	1,212,705	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,894	0	0	0	0	190.00
194.00	07950 MARKETING	15,469	0	0	10,663	0	194.00
194.01	07951 BUSINESS HEALTH	30,495	0	0	14,875	0	194.01
194.02	07952 VITACARE	38,639	0	0	15,805	0	194.02
194.03	07953 CASCADE CLINIC	19,136	0	0	7,489	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	1,659	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	0	0	2,699	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	2,565	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	72	0	194.11
194.12	07962 LIFESTYLES	0	0	0	4,083	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	5,458	0	194.13
194.14	07964 FOUNDATION	4,983	0	0	5,546	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	8,519	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	193,585	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	11,941	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	609	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
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)	1,642,119	2,024,669	1,292,747	1,292,747	0	202.00



COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00592						5.03
5.04	00510						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
11.01	01101						11.01
12.00	01200						12.00
13.00	01300	3,555,182					13.00
14.00	01400		887,047				14.00
15.00	01500		42,056	1,495,305			15.00
16.00	01600		730		1,342,266		16.00
17.00	01700		88			197,343	17.00
19.00	01900						19.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	928,285	32,604		89,986	122,986	30.00
31.00	03100	226,499	8,075		19,124	18,771	31.00
33.00	03300						33.00
33.01	03301						33.01
33.02	03302						33.02
33.03	03303						33.03
33.04	03304						33.04
33.05	03305						33.05
33.06	03306						33.06
33.07	03307						33.07
33.08	03308						33.08
33.09	03309						33.09
33.10	03310						33.10
40.00	04000	122,983	1,756		19,989	17,143	40.00
41.00	04100	141,131	4,242		22,969	23,586	41.00
43.00	04300	98,033	2,391		10,340	14,857	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	421,697	240,806		221,712		50.00
51.00	05100	243,823	10,907		45,152		51.00
52.00	05200	83,033	5,391		15,617		52.00
53.00	05300	11,148	6,093		36,860		53.00
54.00	05400	144,439	6,257		35,742		54.00
54.01	03450	11,604	99		9,480		54.01
54.02	03630	23,137	954		13,045		54.02
55.00	05500	145,236	1,253		115,647		55.00
57.00	05700	24,379	4,372		54,657		57.00
58.00	05800	29,983	184		34,028		58.00
60.00	06000		5		67,022		60.00
62.30	06250						62.30
63.00	06300				4,045		63.00
64.00	06400	52,566	2,835		14,822		64.00
65.00	06500	84,104	1,744		17,645		65.00
65.01	03560	11,456	238		5,712		65.01
66.00	06600	350,213	2,633		44,221		66.00
67.00	06700	64,016	304		12,047		67.00
68.00	06800	20,247			2,948		68.00
69.00	06900	15,390	622		6,371		69.00
69.01	03140	73,994	12,576		46,271		69.01
70.00	07000	22,044	99		5,445		70.00
71.00	07100		262,333		60,498		71.00
72.00	07200		201,677		43,446		72.00
73.00	07300			1,494,244	123,613		73.00
74.00	07400				1,668		74.00
76.00	03320	2,077	1,201		1,416		76.00
76.97	07697	25,687	388		2,277		76.97

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
76.98	07698 HYPERBARIC OXYGEN THERAPY	12,731	216	0	7,277	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	165,247	11,911	0	47,051	0	90.00
91.00	09100 EMERGENCY	0	12,302	0	66,911	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	270	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	4,533	0	16,942	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,555,182	883,875	1,494,244	1,342,266	197,343	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	0	137	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	0	630	0	0	0	194.01
194.02	07952 VITACARE	0	1,706	1,059	0	0	194.02
194.03	07953 CASCADE CLINIC	0	198	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	6	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	13	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	27	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	455	2	0	0	194.19
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,555,182	887,047	1,495,305	1,342,266	197,343	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

Period:  
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Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM	
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
	19.00	20.00	21.00	22.00	23.00		
<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 00590	ADMINISTRATIVE & GENERAL						5.01
5.02 00591	REHAB ADMINISTRATION						5.02
5.03 00592	RADIOLOGY ADMINISTRATION						5.03
5.04 00510	OCCUPATIONAL HEALTH ADMINISTRATION						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
11.01 01101	EMPLOYEE CAFETERIA						11.01
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000	NURSING SCHOOL	0	0				20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
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
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01 03301	NURSING ADMINISTRATION	0	0	0	0	0	33.01
33.02 03302	GEROPYSCH REVENUE	0	0	0	0	0	33.02
33.03 03303	OPERATING ROOM REVENUE	0	0	0	0	0	33.03
33.04 03304	LABOR & DELIVERY REVENUE	0	0	0	0	0	33.04
33.05 03305	RADIOLOGY - THER REVENUE	0	0	0	0	0	33.05
33.06 03306	PT REVENUE	0	0	0	0	0	33.06
33.07 03307	CARDIAC REHAB REVENUE	0	0	0	0	0	33.07
33.08 03308	HHA REVENUE	0	0	0	0	0	33.08
33.09 03309	OPERATION OF PLANT REVENUE	0	0	0	0	0	33.09
33.10 03310	CLINIC REVENUE	0	0	0	0	0	33.10
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450	NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 03630	ULTRASOUND	0	0	0	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000	LABORATORY	0	0	0	0	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560	PULMONARY FUNCTION	0	0	0	0	0	65.01
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
69.01 03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00

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Cost Center Description	NONPHYSICIAN ANESTHETISTS 19.00	NURSING SCHOOL 20.00	INTERNS & RESIDENTS		PARAMED ED PRGM 23.00	
			SRVCES-SALARY & FRINGES 21.00	SRVCES-OTHER PRGM COSTS 22.00		
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
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)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 MARKETING	0	0	0	0	0	194.00
194.01 07951 BUSINESS HEALTH	0	0	0	0	0	194.01
194.02 07952 VI TACARE	0	0	0	0	0	194.02
194.03 07953 CASCADE CLINIC	0	0	0	0	0	194.03
194.04 07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05 07955 ENT CLINIC	0	0	0	0	0	194.05
194.06 07956 RSVP	0	0	0	0	0	194.06
194.07 07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08 07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09 07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10 07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11 07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12 07962 LIFESTYLES	0	0	0	0	0	194.12
194.13 07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14 07964 FOUNDATION	0	0	0	0	0	194.14
194.15 07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16 07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17 07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18 07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19 07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00590				5.01
5.02	00591				5.02
5.03	00592				5.03
5.04	00510				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
11.01	01101				11.01
12.00	01200				12.00
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
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	11,419,515	0	11,419,515	30.00
31.00	03100	2,570,978	0	2,570,978	31.00
33.00	03300	0	0	0	33.00
33.01	03301	0	0	0	33.01
33.02	03302	0	0	0	33.02
33.03	03303	0	0	0	33.03
33.04	03304	0	0	0	33.04
33.05	03305	0	0	0	33.05
33.06	03306	0	0	0	33.06
33.07	03307	0	0	0	33.07
33.08	03308	0	0	0	33.08
33.09	03309	0	0	0	33.09
33.10	03310	0	0	0	33.10
40.00	04000	1,808,586	0	1,808,586	40.00
41.00	04100	2,266,585	0	2,266,585	41.00
43.00	04300	1,063,691	0	1,063,691	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	8,396,232	0	8,396,232	50.00
51.00	05100	2,917,623	0	2,917,623	51.00
52.00	05200	967,761	0	967,761	52.00
53.00	05300	283,877	0	283,877	53.00
54.00	05400	2,831,272	0	2,831,272	54.00
54.01	03450	414,194	0	414,194	54.01
54.02	03630	457,058	0	457,058	54.02
55.00	05500	3,081,754	0	3,081,754	55.00
57.00	05700	1,210,278	0	1,210,278	57.00
58.00	05800	843,628	0	843,628	58.00
60.00	06000	4,357,974	0	4,357,974	60.00
62.30	06250	0	0	0	62.30
63.00	06300	338,432	0	338,432	63.00
64.00	06400	680,779	0	680,779	64.00
65.00	06500	871,590	0	871,590	65.00
65.01	03560	129,209	0	129,209	65.01
66.00	06600	3,579,417	0	3,579,417	66.00
67.00	06700	884,491	0	884,491	67.00
68.00	06800	299,741	0	299,741	68.00
69.00	06900	186,834	0	186,834	69.00
69.01	03140	1,854,151	0	1,854,151	69.01
70.00	07000	268,448	0	268,448	70.00
71.00	07100	3,575,950	0	3,575,950	71.00
72.00	07200	5,724,213	0	5,724,213	72.00
73.00	07300	4,875,366	0	4,875,366	73.00
74.00	07400	346,264	0	346,264	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
76.00	03320 ELECTROSHOCK THERAPY	39,757	0	39,757	76.00
76.97	07697 CARDIAC REHABILITATION	307,886	0	307,886	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	375,485	0	375,485	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2,178,025	0	2,178,025	90.00
91.00	09100 EMERGENCY	3,657,223	0	3,657,223	91.00
92.00	09200 OBSERVATION BEDS		0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	46,305	0	46,305	95.00
101.00	10100 HOME HEALTH AGENCY	3,065,025	0	3,065,025	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	78,175,597	0	78,175,597	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,546	0	25,546	190.00
194.00	07950 MARKETING	858,505	0	858,505	194.00
194.01	07951 BUSINESS HEALTH	1,027,321	0	1,027,321	194.01
194.02	07952 VI TACARE	1,686,546	0	1,686,546	194.02
194.03	07953 CASCADE CLINIC	427,840	0	427,840	194.03
194.04	07954 ORTHOPEDIC CLINIC	730,535	0	730,535	194.04
194.05	07955 ENT CLINIC	5,338	0	5,338	194.05
194.06	07956 RSVP	80,037	0	80,037	194.06
194.07	07957 CONTRACT CLEANING	2,746	0	2,746	194.07
194.08	07958 DIM MAINTENANCE	62,477	0	62,477	194.08
194.09	07959 RENTAL PROPERTY	445,248	0	445,248	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	77,602	0	77,602	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	94,653	0	94,653	194.11
194.12	07962 LIFESTYLES	153,232	0	153,232	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI -STATES	272,670	0	272,670	194.13
194.14	07964 FOUNDATION	107,676	0	107,676	194.14
194.15	07965 PHYSICIAN BILLING	184,932	0	184,932	194.15
194.16	07966 GUEST MEALS / MOW'S	193,585	0	193,585	194.16
194.17	07967 NONREIMBURSABLE	51,754	0	51,754	194.17
194.18	07968 CONTRACTED ULTRASOUND	18,590	0	18,590	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	1,884,168	0	1,884,168	194.19
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	86,566,598	0	86,566,598	202.00

COST ALLOCATION STATISTICS

Provider CCN: 160117

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.01	ADMINISTRATIVE & GENERAL	-1	ACCUM COST	5.01
5.02	REHAB ADMINISTRATION	4	DOLLAR VALUE	5.02
5.03	RADIOLOGY ADMINISTRATION	5	DOLLAR VALUE	5.03
5.04	OCCUPATIONAL HEALTH ADMINISTRATION	-5	ACCUM. COST	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.05
6.00	MAINTENANCE & REPAIRS	6	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	7	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	8	MEALS SERVED	10.00
11.00	CAFETERIA	9	MEALS SERVED	11.00
11.01	EMPLOYEE CAFETERIA	10	FTE'S	11.01
12.00	MAINTENANCE OF PERSONNEL	11	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	12	DI RECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED REQUIS.	14.00
15.00	PHARMACY	14	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	P	PATIENT DAYS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	16	ASSI GNE D TIME	19.00
20.00	NURSING SCHOOL	17	ASSI GNE D TIME	20.00
21.00	I&R SRVCES-SALARY & FRINGES APPRVD	18	ASSI GNE D TIME	21.00
22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	19	ASSI GNE D TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	20	ASSI GNE D TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/19/2014 2:33 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	23,876	0	23,876	23,876 4.00
5.01 00590	ADMINISTRATIVE & GENERAL	0	214,626	0	214,626	429 5.01
5.02 00591	REHAB ADMINISTRATION	0	0	0	0	165 5.02
5.03 00592	RADIOLOGY ADMINISTRATION	0	0	0	0	276 5.03
5.04 00510	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	0	0	96 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	45 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	24,749	39,942	0	64,691	464 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	9,138	34,810	0	43,948	532 9.00
10.00 01000	DIETARY	26,844	87,649	0	114,493	654 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	2,596	33,661	0	36,257	1,332 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	36,246	38,268	0	74,514	197 14.00
15.00 01500	PHARMACY	11,025	45,387	0	56,412	736 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	13,220	40,254	0	53,474	398 16.00
17.00 01700	SOCIAL SERVICE	40	0	0	40	89 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	239,317	606,517	0	845,834	3,343 30.00
31.00 03100	INTENSIVE CARE UNIT	96,427	57,157	0	153,584	803 31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
33.01 03301	NURSING ADMINISTRATION	0	0	0	0	0 33.01
33.02 03302	GEROPYSCH REVENUE	0	0	0	0	0 33.02
33.03 03303	OPERATING ROOM REVENUE	0	0	0	0	0 33.03
33.04 03304	LABOR & DELIVERY REVENUE	0	0	0	0	0 33.04
33.05 03305	RADIOLOGY - THER REVENUE	0	0	0	0	0 33.05
33.06 03306	PT REVENUE	0	0	0	0	0 33.06
33.07 03307	CARDIAC REHAB REVENUE	0	0	0	0	0 33.07
33.08 03308	HHA REVENUE	0	0	0	0	0 33.08
33.09 03309	OPERATION OF PLANT REVENUE	0	0	0	0	0 33.09
33.10 03310	CLINIC REVENUE	0	0	0	0	0 33.10
40.00 04000	SUBPROVIDER - I PF	5,856	62,144	0	68,000	367 40.00
41.00 04100	SUBPROVIDER - I RF	9,939	73,022	0	82,961	608 41.00
43.00 04300	NURSERY	17,062	14,839	0	31,901	391 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	658,933	151,366	0	810,299	1,519 50.00
51.00 05100	RECOVERY ROOM	36,196	133,069	0	169,265	961 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	23,229	25,895	0	49,124	346 52.00
53.00 05300	ANESTHESIOLOGY	14,745	0	0	14,745	24 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	346,269	143,635	0	489,904	468 54.00
54.01 03450	NUCLEAR MEDICINE	867	0	0	867	57 54.01
54.02 03630	ULTRASOUND	73,930	1,874	0	75,804	121 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	363,865	131,250	0	495,115	708 55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	354,288	0	0	354,288	159 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	204,889	0	0	204,889	138 58.00
60.00 06000	LABORATORY	461	49,537	0	49,998	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	20,839	15,876	0	36,715	245 64.00
65.00 06500	RESPIRATORY THERAPY	13,703	22,794	0	36,497	271 65.00
65.01 03560	PULMONARY FUNCTION	1,867	4,764	0	6,631	37 65.01
66.00 06600	PHYSICAL THERAPY	13,927	72,699	0	86,626	410 66.00
67.00 06700	OCCUPATIONAL THERAPY	3,087	37,175	0	40,262	308 67.00
68.00 06800	SPEECH PATHOLOGY	4,493	0	0	4,493	119 68.00
69.00 06900	ELECTROCARDIOLOGY	5,677	0	0	5,677	74 69.00
69.01 03140	CARDIOLOGY	281,690	9,439	0	291,129	339 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	6,087	8,435	0	14,522	73 70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
74.00 07400 RENAL DIALYSIS	0	14,136	0	14,136	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	3,129	0	0	3,129	7	76.00
76.97 07697 CARDIAC REHABILITATION	4,471	18,465	0	22,936	106	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	5,643	9,896	0	15,539	27	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	12,481	102,823	0	115,304	858	90.00
91.00 09100 EMERGENCY	25,949	141,124	0	167,073	2,633	91.00
92.00 09200 OBSERVATION BEDS				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	12,343	55,963	0	68,306	1,125	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			5,507,884	22,058	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,591	0	8,591	0	190.00
194.00 07950 MARKETING	194	22,548	0	22,742	154	194.00
194.01 07951 BUSINESS HEALTH	4,767	44,449	0	49,216	347	194.01
194.02 07952 VI TACARE	19,125	56,320	0	75,445	623	194.02
194.03 07953 CASCADE CLINIC	532	27,892	0	28,424	115	194.03
194.04 07954 ORTHOPEDIC CLINIC	0	0	0	0	243	194.04
194.05 07955 ENT CLINIC	0	0	0	0	0	194.05
194.06 07956 RSVP	27	0	0	27	29	194.06
194.07 07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08 07958 DIM MAINTENANCE	0	0	0	0	27	194.08
194.09 07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10 07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11 07961 NORTH GRANDVIEW OFFICE	0	0	0	0	3	194.11
194.12 07962 LIFESTYLES	6,995	0	0	6,995	49	194.12
194.13 07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	142	194.13
194.14 07964 FOUNDATION	0	7,263	0	7,263	0	194.14
194.15 07965 PHYSICIAN BILLING	0	0	0	0	78	194.15
194.16 07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17 07967 NONREIMBURSABLE	0	17,405	0	17,405	0	194.17
194.18 07968 CONTRACTED ULTRASOUND	0	0	0	0	8	194.18
194.19 07969 CARDIO SPECIALTY CARE CLINIC	4,840	0	0	4,840	0	194.19
200.00	Cross Foot Adjustments			0		200.00
201.00	Negative Cost Centers			0		201.00
202.00	TOTAL (sum lines 118-201)			5,728,832	23,876	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATIVE	RADIOLOGY ADMINISTRATIVE	OCCUPATIONAL HEALTH ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	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	00590	ADMINISTRATIVE & GENERAL	215,055					5.01
5.02	00591	REHAB ADMINISTRATION	853	1,018				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	1,440	0	1,716			5.03
5.04	00510	OCCUPATIONAL HEALTH ADMINISTRATION	492	0	0	588		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	229	0	0	1	275	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,603	0	0	19	8	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,050	0	0	3	1	8.00
9.00	00900	HOUSEKEEPING	3,971	0	0	11	5	9.00
10.00	01000	DIETARY	4,626	0	0	13	6	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,468	0	0	24	10	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,909	0	0	5	2	14.00
15.00	01500	PHARMACY	3,308	0	0	9	4	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,060	0	0	9	4	16.00
17.00	01700	SOCIAL SERVICE	467	0	0	1	1	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	20,756	0	0	39	41	30.00
31.00	03100	INTENSIVE CARE UNIT	5,150	0	0	15	6	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.01
33.02	03302	GEROPYSCH REVENUE	0	0	0	0	0	33.02
33.03	03303	OPERATING ROOM REVENUE	0	0	0	0	0	33.03
33.04	03304	LABOR & DELIVERY REVENUE	0	0	0	0	0	33.04
33.05	03305	RADIOLOGY - THER REVENUE	0	0	0	0	0	33.05
33.06	03306	PT REVENUE	0	0	0	0	0	33.06
33.07	03307	CARDIAC REHAB REVENUE	0	0	0	0	0	33.07
33.08	03308	HHA REVENUE	0	0	0	0	0	33.08
33.09	03309	OPERATION OF PLANT REVENUE	0	0	0	0	0	33.09
33.10	03310	CLINIC REVENUE	0	0	0	0	0	33.10
40.00	04000	SUBPROVIDER - I PF	3,589	0	0	10	4	40.00
41.00	04100	SUBPROVIDER - I RF	4,587	0	0	13	6	41.00
43.00	04300	NURSERY	2,197	0	0	6	3	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	17,530	0	0	49	21	50.00
51.00	05100	RECOVERY ROOM	5,651	0	0	16	7	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,973	0	0	6	2	52.00
53.00	05300	ANESTHESIOLOGY	562	0	0	2	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,143	0	732	16	7	54.00
54.01	03450	NUCLEAR MEDICINE	806	0	191	3	1	54.01
54.02	03630	ULTRASOUND	896	0	145	3	1	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	6,274	0	0	18	8	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,456	0	380	8	3	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,687	0	268	5	2	58.00
60.00	06000	LABORATORY	10,405	0	0	29	13	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	828	0	0	2	1	63.00
64.00	06400	INTRAVENOUS THERAPY	1,389	0	0	4	2	64.00
65.00	06500	RESPIRATORY THERAPY	1,747	0	0	5	2	65.00
65.01	03560	PULMONARY FUNCTION	248	0	0	1	0	65.01
66.00	06600	PHYSICAL THERAPY	7,066	295	0	21	9	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,729	81	0	5	2	67.00
68.00	06800	SPEECH PATHOLOGY	626	56	0	2	1	68.00
69.00	06900	ELECTROCARDIOLOGY	393	0	0	1	0	69.00
69.01	03140	CARDIOLOGY	4,166	0	0	12	5	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	542	0	0	2	1	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,055	0	0	23	10	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,567	0	0	38	16	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,066	0	0	23	10	73.00
74.00	07400	RENAL DIALYSIS	787	0	0	2	1	74.00
76.00	03320	ELECTROSHOCK THERAPY	85	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	594	0	0	2	1	76.97

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 160117		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/19/2014 2:33 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	OCCUPATIONAL HEALTH ADMINISTRATION	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
76.98	07698	HYPERBARIC OXYGEN THERAPY	817	0	0	2	1	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,271	0	0	12	5	90.00
91.00	09100	EMERGENCY	7,939	0	0	22	10	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	114	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,617	586	0	20	9	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	195,784	1,018	1,716	532	253	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25	0	0	0	0	190.00
194.00	07950	MARKETING	1,999	0	0	6	2	194.00
194.01	07951	BUSINESS HEALTH	2,309	0	0	7	3	194.01
194.02	07952	VITACARE	3,881	0	0	11	5	194.02
194.03	07953	CASCADE CLINIC	916	0	0	3	1	194.03
194.04	07954	ORTHOPEDIC CLINIC	1,805	0	0	5	2	194.04
194.05	07955	ENT CLINIC	13	0	0	0	0	194.05
194.06	07956	RSVP	191	0	0	1	0	194.06
194.07	07957	CONTRACT CLEANING	7	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	148	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	1,102	0	0	3	1	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	192	0	0	1	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	234	0	0	1	0	194.11
194.12	07962	LIFESTYLES	369	0	0	1	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	662	0	0	2	1	194.13
194.14	07964	FOUNDATION	221	0	0	1	0	194.14
194.15	07965	PHYSICIAN BILLING	437	0	0	1	1	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	51	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	45	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	4,664	0	0	13	6	194.19
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)	215,055	1,018	1,716	588	275	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/19/2014 2:33 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	00590	ADMINISTRATIVE & GENERAL				5.01
5.02	00591	REHAB ADMINISTRATION				5.02
5.03	00592	RADIOLOGY ADMINISTRATION				5.03
5.04	00510	OCCUPATIONAL HEALTH ADMINISTRATION				5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL				5.05
6.00	00600	MAINTENANCE & REPAIRS	0			6.00
7.00	00700	OPERATION OF PLANT	0	71,785		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,054	8.00
9.00	00900	HOUSEKEEPING	0	1,029	0	9.00
10.00	01000	DIETARY	0	2,591	0	10.00
11.00	01100	CAFETERIA	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	995	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,131	60	14.00
15.00	01500	PHARMACY	0	1,342	1	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,190	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	0	17,925	352	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,690	55	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
33.01	03301	NURSING ADMINISTRATION	0	0	0	33.01
33.02	03302	GEROPYSCH REVENUE	0	0	0	33.02
33.03	03303	OPERATING ROOM REVENUE	0	0	0	33.03
33.04	03304	LABOR & DELIVERY REVENUE	0	0	0	33.04
33.05	03305	RADIOLOGY - THER REVENUE	0	0	0	33.05
33.06	03306	PT REVENUE	0	0	0	33.06
33.07	03307	CARDIAC REHAB REVENUE	0	0	0	33.07
33.08	03308	HHA REVENUE	0	0	0	33.08
33.09	03309	OPERATION OF PLANT REVENUE	0	0	0	33.09
33.10	03310	CLINIC REVENUE	0	0	0	33.10
40.00	04000	SUBPROVIDER - I PF	0	1,837	19	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,159	43	41.00
43.00	04300	NURSERY	0	439	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	4,475	123	50.00
51.00	05100	RECOVERY ROOM	0	3,934	94	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	765	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,246	69	54.00
54.01	03450	NUCLEAR MEDICINE	0	0	0	54.01
54.02	03630	ULTRASOUND	0	55	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,880	38	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000	LABORATORY	0	1,464	1	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	469	20	64.00
65.00	06500	RESPIRATORY THERAPY	0	674	2	65.00
65.01	03560	PULMONARY FUNCTION	0	141	0	65.01
66.00	06600	PHYSICAL THERAPY	0	2,149	30	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,099	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	5	69.00
69.01	03140	CARDIOLOGY	0	279	9	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	249	4	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	418	3	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	1	76.00
76.97	07697	CARDIAC REHABILITATION	0	546	1	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	293	11	76.98

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
76.99	07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,040	11	2,126	0	90.00
91.00	09100 EMERGENCY	0	4,172	100	2,918	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	1,654	0	1,157	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	66,330	1,052	45,681	112,320	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	254	0	178	0	190.00
194.00	07950 MARKETING	0	667	0	466	0	194.00
194.01	07951 BUSINESS HEALTH	0	1,314	0	919	0	194.01
194.02	07952 VITACARE	0	1,665	0	1,165	0	194.02
194.03	07953 CASCADE CLINIC	0	825	1	577	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	0	1	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	215	0	150	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	11,875	194.16
194.17	07967 NONREIMBURSABLE	0	515	0	360	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
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)	0	71,785	1,054	49,496	124,195	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/19/2014 2:33 pm		
Cost Center Description			CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
			11.00	11.01	12.00	13.00	14.00
<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	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00510	OCCUPATIONAL HEALTH ADMINISTRATION					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	79,297				11.00
11.01	01101	EMPLOYEE CAFETERIA	79,297	79,297			11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	4,600	0	52,382	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,457	0	0	80,066
15.00	01500	PHARMACY	0	2,206	0	0	3,796
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,085	0	0	66
17.00	01700	SOCIAL SERVICE	0	528	0	0	8
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	14,145	0	13,678	2,943
31.00	03100	INTENSIVE CARE UNIT	0	3,450	0	3,337	729
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
33.01	03301	NURSING ADMINISTRATION	0	0	0	0	0
33.02	03302	GEROPYSCH REVENUE	0	0	0	0	0
33.03	03303	OPERATING ROOM REVENUE	0	0	0	0	0
33.04	03304	LABOR & DELIVERY REVENUE	0	0	0	0	0
33.05	03305	RADIOLOGY - THER REVENUE	0	0	0	0	0
33.06	03306	PT REVENUE	0	0	0	0	0
33.07	03307	CARDIAC REHAB REVENUE	0	0	0	0	0
33.08	03308	HHA REVENUE	0	0	0	0	0
33.09	03309	OPERATION OF PLANT REVENUE	0	0	0	0	0
33.10	03310	CLINIC REVENUE	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	1,874	0	1,812	159
41.00	04100	SUBPROVIDER - I RF	0	2,150	0	2,079	383
43.00	04300	NURSERY	0	1,493	0	1,444	216
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	6,424	0	6,213	21,735
51.00	05100	RECOVERY ROOM	0	3,714	0	3,593	984
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,265	0	1,223	487
53.00	05300	ANESTHESIOLOGY	0	170	0	164	550
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,200	0	2,128	565
54.01	03450	NUCLEAR MEDICINE	0	177	0	171	9
54.02	03630	ULTRASOUND	0	352	0	341	86
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,213	0	2,140	113
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	371	0	359	395
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	457	0	442	17
60.00	06000	LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	801	0	775	256
65.00	06500	RESPIRATORY THERAPY	0	1,281	0	1,239	157
65.01	03560	PULMONARY FUNCTION	0	175	0	169	21
66.00	06600	PHYSICAL THERAPY	0	5,335	0	5,160	238
67.00	06700	OCCUPATIONAL THERAPY	0	975	0	943	27
68.00	06800	SPEECH PATHOLOGY	0	308	0	298	0
69.00	06900	ELECTROCARDIOLOGY	0	234	0	227	56
69.01	03140	CARDIOLOGY	0	1,127	0	1,090	1,135
70.00	07000	ELECTROENCEPHALOGRAPHY	0	336	0	325	9
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	23,681
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	18,203
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03320	ELECTROSHOCK THERAPY	0	32	0	31	108
76.97	07697	CARDIAC REHABILITATION	0	391	0	378	35

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	11.01	12.00	13.00	14.00	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	194	0	188	19	76.98
76.99	07699 LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	2,517	0	2,435	1,075	90.00
91.00	09100 EMERGENCY	0	4,880	0	0	1,110	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	4,472	0	0	409	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	79,297	74,389	0	52,382	79,780	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	0	654	0	0	12	194.00
194.01	07951 BUSINESS HEALTH	0	912	0	0	57	194.01
194.02	07952 VITACARE	0	969	0	0	154	194.02
194.03	07953 CASCADE CLINIC	0	459	0	0	18	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	102	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	166	0	0	1	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	157	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	4	0	0	0	194.11
194.12	07962 LIFESTYLES	0	250	0	0	1	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	335	0	0	0	194.13
194.14	07964 FOUNDATION	0	340	0	0	2	194.14
194.15	07965 PHYSICIAN BILLING	0	523	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	37	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	41	194.19
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)	79,297	79,297	0	52,382	80,066	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/19/2014 2:33 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
<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	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
5.04	00510	OCCUPATIONAL HEALTH ADMINISTRATION					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
11.01	01101	EMPLOYEE CAFETERIA					11.01
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	68,753				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	61,118			16.00
17.00	01700	SOCIAL SERVICE	0	0	1,134		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	4,101	706		30.00
31.00	03100	INTENSIVE CARE UNIT	0	872	108		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		33.00
33.01	03301	NURSING ADMINISTRATION	0	0	0		33.01
33.02	03302	GEROPYSCH REVENUE	0	0	0		33.02
33.03	03303	OPERATING ROOM REVENUE	0	0	0		33.03
33.04	03304	LABOR & DELIVERY REVENUE	0	0	0		33.04
33.05	03305	RADIOLOGY - THER REVENUE	0	0	0		33.05
33.06	03306	PT REVENUE	0	0	0		33.06
33.07	03307	CARDIAC REHAB REVENUE	0	0	0		33.07
33.08	03308	HHA REVENUE	0	0	0		33.08
33.09	03309	OPERATION OF PLANT REVENUE	0	0	0		33.09
33.10	03310	CLINIC REVENUE	0	0	0		33.10
40.00	04000	SUBPROVIDER - I PF	0	911	99		40.00
41.00	04100	SUBPROVIDER - I RF	0	1,047	136		41.00
43.00	04300	NURSERY	0	471	85		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	10,049	0		50.00
51.00	05100	RECOVERY ROOM	0	2,058	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	712	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,680	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,629	0		54.00
54.01	03450	NUCLEAR MEDICINE	0	432	0		54.01
54.02	03630	ULTRASOUND	0	595	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,271	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	2,491	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,551	0		58.00
60.00	06000	LABORATORY	0	3,054	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	184	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	676	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	804	0		65.00
65.01	03560	PULMONARY FUNCTION	0	260	0		65.01
66.00	06600	PHYSICAL THERAPY	0	2,015	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	549	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	134	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	290	0		69.00
69.01	03140	CARDIOLOGY	0	2,109	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	248	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	2,757	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,980	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,704	5,634	0		73.00
74.00	07400	RENAL DIALYSIS	0	76	0		74.00
76.00	03320	ELECTROSHOCK THERAPY	0	65	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	104	0		76.97



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B  
Part II  
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	332	0			76.98
76.99	07699 LI THOTRI PSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	2,144	0			90.00
91.00	09100 EMERGENCY	0	3,049	0			91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	12	0			95.00
101.00	10100 HOME HEALTH AGENCY	0	772	0			101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	68,704	61,118	1,134	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
194.00	07950 MARKETING	0	0	0			194.00
194.01	07951 BUSINESS HEALTH	0	0	0			194.01
194.02	07952 VITACARE	49	0	0			194.02
194.03	07953 CASCADE CLINIC	0	0	0			194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0			194.04
194.05	07955 ENT CLINIC	0	0	0			194.05
194.06	07956 RSVP	0	0	0			194.06
194.07	07957 CONTRACT CLEANING	0	0	0			194.07
194.08	07958 DIM MAINTENANCE	0	0	0			194.08
194.09	07959 RENTAL PROPERTY	0	0	0			194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0			194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0			194.11
194.12	07962 LIFESTYLES	0	0	0			194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0			194.13
194.14	07964 FOUNDATION	0	0	0			194.14
194.15	07965 PHYSICIAN BILLING	0	0	0			194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0			194.16
194.17	07967 NONREIMBURSABLE	0	0	0			194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0			194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0			194.19
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	68,753	61,118	1,134	0		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B  
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Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS				
	21.00	22.00				
<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 00590	ADMINISTRATIVE & GENERAL					5.01
5.02 00591	REHAB ADMINISTRATION					5.02
5.03 00592	RADIOLOGY ADMINISTRATION					5.03
5.04 00510	OCCUPATIONAL HEALTH ADMINISTRATION					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
11.01 01101	EMPLOYEE CAFETERIA					11.01
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0				21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS			961,237	0	30.00
31.00 03100	INTENSIVE CARE UNIT			173,308	0	31.00
33.00 03300	BURN INTENSIVE CARE UNIT			0	0	33.00
33.01 03301	NURSING ADMINISTRATION			0	0	33.01
33.02 03302	GEROPYSCH REVENUE			0	0	33.02
33.03 03303	OPERATING ROOM REVENUE			0	0	33.03
33.04 03304	LABOR & DELIVERY REVENUE			0	0	33.04
33.05 03305	RADIOLOGY - THER REVENUE			0	0	33.05
33.06 03306	PT REVENUE			0	0	33.06
33.07 03307	CARDIAC REHAB REVENUE			0	0	33.07
33.08 03308	HHA REVENUE			0	0	33.08
33.09 03309	OPERATION OF PLANT REVENUE			0	0	33.09
33.10 03310	CLINIC REVENUE			0	0	33.10
40.00 04000	SUBPROVIDER - I PF			82,923	0	40.00
41.00 04100	SUBPROVIDER - I RF			100,094	0	41.00
43.00 04300	NURSERY			38,953	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM			882,064	0	50.00
51.00 05100	RECOVERY ROOM			193,029	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			56,438	0	52.00
53.00 05300	ANESTHESIOLOGY			17,898	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			510,077	0	54.00
54.01 03450	NUCLEAR MEDICINE			2,714	0	54.01
54.02 03630	ULTRASOUND			78,438	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC			518,492	0	55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN			360,910	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)			209,456	0	58.00
60.00 06000	LABORATORY			65,988	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.			1,015	0	63.00
64.00 06400	INTRAVENOUS THERAPY			41,680	0	64.00
65.00 06500	RESPIRATORY THERAPY			43,150	0	65.00
65.01 03560	PULMONARY FUNCTION			7,782	0	65.01
66.00 06600	PHYSICAL THERAPY			110,857	0	66.00
67.00 06700	OCCUPATIONAL THERAPY			46,749	0	67.00
68.00 06800	SPEECH PATHOLOGY			6,037	0	68.00
69.00 06900	ELECTROCARDIOLOGY			6,957	0	69.00
69.01 03140	CARDIOLOGY			301,595	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY			16,485	0	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS			34,526	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT			33,804	0	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

Period:  
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS					
	21.00	22.00					23.00
73.00 07300 DRUGS CHARGED TO PATIENTS				82,437	0	73.00	
74.00 07400 RENAL DIALYSIS				15,715	0	74.00	
76.00 03320 ELECTROSHOCK THERAPY				3,458	0	76.00	
76.97 07697 CARDIAC REHABILITATION				25,476	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY				17,628	0	76.98	
76.99 07699 LI THOTRIPSY				0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC				133,798	0	90.00	
91.00 09100 EMERGENCY				193,906	0	91.00	
92.00 09200 OBSERVATION BEDS					0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES				126	0	95.00	
101.00 10100 HOME HEALTH AGENCY				85,127	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)					0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				9,048	0	190.00	
194.00 07950 MARKETING				26,702	0	194.00	
194.01 07951 BUSINESS HEALTH				55,084	0	194.01	
194.02 07952 VI TACARE				83,967	0	194.02	
194.03 07953 CASCADE CLINIC				31,339	0	194.03	
194.04 07954 ORTHOPEDIC CLINIC				2,157	0	194.04	
194.05 07955 ENT CLINIC				13	0	194.05	
194.06 07956 RSVP				415	0	194.06	
194.07 07957 CONTRACT CLEANING				7	0	194.07	
194.08 07958 DIM MAINTENANCE				332	0	194.08	
194.09 07959 RENTAL PROPERTY				1,106	0	194.09	
194.10 07960 GRANDVIEW MEDICAL CENTER				193	0	194.10	
194.11 07961 NORTH GRANDVIEW OFFICE				242	0	194.11	
194.12 07962 LIFESTYLES				7,666	0	194.12	
194.13 07963 HEALTHCARE AFFILIATES OF TRI-STATES				1,142	0	194.13	
194.14 07964 FOUNDATION				8,192	0	194.14	
194.15 07965 PHYSICIAN BILLING				1,040	0	194.15	
194.16 07966 GUEST MEALS / MOW'S				11,875	0	194.16	
194.17 07967 NONREIMBURSABLE				18,331	0	194.17	
194.18 07968 CONTRACTED ULTRASOUND				90	0	194.18	
194.19 07969 CARDIO SPECIALTY CARE CLINIC				9,564	0	194.19	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	0	0	0	5,728,832	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/19/2014 2:33 pm
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Cost Center Description		Total	
		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	00590 ADMINISTRATIVE & GENERAL		5.01
5.02	00591 REHAB ADMINISTRATION		5.02
5.03	00592 RADIOLOGY ADMINISTRATION		5.03
5.04	00510 OCCUPATIONAL HEALTH ADMINISTRATION		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
11.01	01101 EMPLOYEE CAFETERIA		11.01
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
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
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	961,237	30.00
31.00	03100 INTENSIVE CARE UNIT	173,308	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
33.01	03301 NURSING ADMINISTRATION	0	33.01
33.02	03302 GEROPYSCH REVENUE	0	33.02
33.03	03303 OPERATING ROOM REVENUE	0	33.03
33.04	03304 LABOR & DELIVERY REVENUE	0	33.04
33.05	03305 RADIOLOGY - THER REVENUE	0	33.05
33.06	03306 PT REVENUE	0	33.06
33.07	03307 CARDIAC REHAB REVENUE	0	33.07
33.08	03308 HHA REVENUE	0	33.08
33.09	03309 OPERATION OF PLANT REVENUE	0	33.09
33.10	03310 CLINIC REVENUE	0	33.10
40.00	04000 SUBPROVIDER - I PF	82,923	40.00
41.00	04100 SUBPROVIDER - I RF	100,094	41.00
43.00	04300 NURSERY	38,953	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	882,064	50.00
51.00	05100 RECOVERY ROOM	193,029	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	56,438	52.00
53.00	05300 ANESTHESIOLOGY	17,898	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	510,077	54.00
54.01	03450 NUCLEAR MEDICINE	2,714	54.01
54.02	03630 ULTRASOUND	78,438	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	518,492	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	360,910	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	209,456	58.00
60.00	06000 LABORATORY	65,988	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,015	63.00
64.00	06400 INTRAVENOUS THERAPY	41,680	64.00
65.00	06500 RESPIRATORY THERAPY	43,150	65.00
65.01	03560 PULMONARY FUNCTION	7,782	65.01
66.00	06600 PHYSICAL THERAPY	110,857	66.00
67.00	06700 OCCUPATIONAL THERAPY	46,749	67.00
68.00	06800 SPEECH PATHOLOGY	6,037	68.00
69.00	06900 ELECTROCARDIOLOGY	6,957	69.00
69.01	03140 RADIOLOGY	301,595	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	16,485	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	34,526	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	33,804	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	82,437	73.00
74.00	07400 RENAL DIALYSIS	15,715	74.00
76.00	03320 ELECTROSHOCK THERAPY	3,458	76.00
76.97	07697 CARDIAC REHABILITATION	25,476	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	17,628	76.98
76.99	07699 LI THOTRI PSY	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		Total	
		26.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	133,798	90.00
91.00	09100 EMERGENCY	193,906	91.00
92.00	09200 OBSERVATION BEDS		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	126	95.00
101.00	10100 HOME HEALTH AGENCY	85,127	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,460,327	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,048	190.00
194.00	07950 MARKETING	26,702	194.00
194.01	07951 BUSINESS HEALTH	55,084	194.01
194.02	07952 VI TACARE	83,967	194.02
194.03	07953 CASCADE CLINIC	31,339	194.03
194.04	07954 ORTHOPEDIC CLINIC	2,157	194.04
194.05	07955 ENT CLINIC	13	194.05
194.06	07956 RSVP	415	194.06
194.07	07957 CONTRACT CLEANING	7	194.07
194.08	07958 DIM MAINTENANCE	332	194.08
194.09	07959 RENTAL PROPERTY	1,106	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	193	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	242	194.11
194.12	07962 LIFESTYLES	7,666	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	1,142	194.13
194.14	07964 FOUNDATION	8,192	194.14
194.15	07965 PHYSICIAN BILLING	1,040	194.15
194.16	07966 GUEST MEALS / MOW'S	11,875	194.16
194.17	07967 NONREIMBURSABLE	18,331	194.17
194.18	07968 CONTRACTED ULTRASOUND	90	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	9,564	194.19
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	5,728,832	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A.01	5.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	242,614	0			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,140	0	34,193,889		4.00
5.01	00590	ADMINISTRATIVE & GENERAL	19,237	0	614,703	-13,539,784	5.01
5.02	00591	REHAB ADMINISTRATION	0	0	236,104	0	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	0	395,302	0	5.03
5.04	00510	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	138,097	0	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	64,630	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,580	0	665,404	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,120	0	761,843	0	9.00
10.00	01000	DIETARY	7,856	0	937,082	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,017	0	1,908,075	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,430	0	282,120	0	14.00
15.00	01500	PHARMACY	4,068	0	1,054,933	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,608	0	570,411	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	127,764	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	54,362	0	4,774,800	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,123	0	1,151,008	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	NURSING ADMINISTRATION	0	0	0	0	33.01
33.02	03302	GEROPYSCH REVENUE	0	0	0	0	33.02
33.03	03303	OPERATING ROOM REVENUE	0	0	0	0	33.03
33.04	03304	LABOR & DELIVERY REVENUE	0	0	0	0	33.04
33.05	03305	RADIOLOGY - THER REVENUE	0	0	0	0	33.05
33.06	03306	PT REVENUE	0	0	0	0	33.06
33.07	03307	CARDIAC REHAB REVENUE	0	0	0	0	33.07
33.08	03308	HHA REVENUE	0	0	0	0	33.08
33.09	03309	OPERATION OF PLANT REVENUE	0	0	0	0	33.09
33.10	03310	CLINIC REVENUE	0	0	0	0	33.10
40.00	04000	SUBPROVIDER - I PF	5,570	0	525,512	0	40.00
41.00	04100	SUBPROVIDER - I RF	6,545	0	871,677	0	41.00
43.00	04300	NURSERY	1,330	0	560,644	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	13,567	0	2,175,525	0	50.00
51.00	05100	RECOVERY ROOM	11,927	0	1,376,585	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,321	0	496,381	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	33,991	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,874	0	671,016	0	54.00
54.01	03450	NUCLEAR MEDICINE	0	0	81,639	0	54.01
54.02	03630	ULTRASOUND	168	0	172,796	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	11,764	0	1,013,648	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	227,089	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	197,523	0	58.00
60.00	06000	LABORATORY	4,440	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,423	0	350,936	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,043	0	388,513	0	65.00
65.01	03560	PULMONARY FUNCTION	427	0	52,929	0	65.01
66.00	06600	PHYSICAL THERAPY	6,516	0	587,577	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,332	0	441,248	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	171,106	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	106,028	0	69.00
69.01	03140	CARDIOLOGY	846	0	485,082	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	756	0	105,050	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5A.01
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	2,738,798	73.00		
74.00 07400 RENAL DIALYSIS	1,267	0	0	0	267,375	74.00		
76.00 03320 ELECTROSHOCK THERAPY	0	0	10,670	0	28,839	76.00		
76.97 07697 CARDIAC REHABILITATION	1,655	0	152,329	0	201,769	76.97		
76.98 07698 HYPERBARIC OXYGEN THERAPY	887	0	38,983	0	277,582	76.98		
76.99 07699 LI THOTRIPSY	0	0	0	0	0	76.99		
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00 09000 CLINIC	9,216	0	1,229,023	0	1,450,293	90.00		
91.00 09100 EMERGENCY	12,649	0	3,771,593	0	2,695,819	91.00		
92.00 09200 OBSERVATION BEDS						92.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	38,676	95.00		
101.00 10100 HOME HEALTH AGENCY	5,016	0	1,611,940	0	2,246,921	101.00		
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00 11300 INTEREST EXPENSE						113.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)		226,080	0	31,589,309	-13,539,784	66,482,932	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	770	0	0	0	8,591	190.00		
194.00 07950 MARKETING	2,021	0	220,922	0	678,897	194.00		
194.01 07951 BUSINESS HEALTH	3,984	0	497,553	0	784,022	194.01		
194.02 07952 VI TACARE	5,048	0	892,544	0	1,317,891	194.02		
194.03 07953 CASCADE CLINIC	2,500	0	164,320	0	310,995	194.03		
194.04 07954 ORTHOPEDIC CLINIC	0	0	348,078	0	612,813	194.04		
194.05 07955 ENT CLINIC	0	0	0	0	4,488	194.05		
194.06 07956 RSVP	0	0	41,818	0	65,018	194.06		
194.07 07957 CONTRACT CLEANING	0	0	0	0	2,309	194.07		
194.08 07958 DIM MAINTENANCE	0	0	38,668	0	50,372	194.08		
194.09 07959 RENTAL PROPERTY	0	0	0	0	374,348	194.09		
194.10 07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	65,245	194.10		
194.11 07961 NORTH GRANDVIEW OFFICE	0	0	4,459	0	79,520	194.11		
194.12 07962 LIFESTYLES	0	0	70,771	0	125,160	194.12		
194.13 07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	202,944	0	224,662	194.13		
194.14 07964 FOUNDATION	651	0	0	0	74,949	194.14		
194.15 07965 PHYSICIAN BILLING	0	0	111,267	0	148,322	194.15		
194.16 07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16		
194.17 07967 NONREIMBURSABLE	1,560	0	0	0	17,405	194.17		
194.18 07968 CONTRACTED ULTRASOUND	0	0	11,236	0	15,118	194.18		
194.19 07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	1,583,757	194.19		
200.00	Cross Foot Adjustments					200.00		
201.00	Negative Cost Centers					201.00		
202.00	Cost to be allocated (per Wkst. B, Part I)	2,706,835	0	1,086,254	13,539,784	202.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	11.156961	0.000000	0.031767	0.185408	203.00		
204.00	Cost to be allocated (per Wkst. B, Part II)			23,876	215,055	204.00		
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000698	0.002945	205.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description			REHAB ADMINISTRATION (DOLLAR VALUE)	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation 5A.04	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation 5A.05	
			5.02	5.03	5A.04	5.04	5A.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	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION	4,778,544					5.02
5.03	00592	RADIOLOGY ADMINISTRATION	0	3,922,615				5.03
5.04	00510	OCCUPATIONAL HEALTH ADMINISTRATION	0	0	-198,002	86,368,596		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	92,064	-92,275	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	2,657,663	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	422,802	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,598,520	0	9.00
10.00	01000	DIETARY	0	0	0	1,862,029	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,408,676	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	768,413	0	14.00
15.00	01500	PHARMACY	0	0	0	1,331,473	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,231,589	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	188,018	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	8,358,058	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	2,073,106	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.01
33.02	03302	GEROPYSCH REVENUE	0	0	0	0	0	33.02
33.03	03303	OPERATING ROOM REVENUE	0	0	0	0	0	33.03
33.04	03304	LABOR & DELIVERY REVENUE	0	0	0	0	0	33.04
33.05	03305	RADIOLOGY - THER REVENUE	0	0	0	0	0	33.05
33.06	03306	PT REVENUE	0	0	0	0	0	33.06
33.07	03307	CARDIAC REHAB REVENUE	0	0	0	0	0	33.07
33.08	03308	HHA REVENUE	0	0	0	0	0	33.08
33.09	03309	OPERATION OF PLANT REVENUE	0	0	0	0	0	33.09
33.10	03310	CLINIC REVENUE	0	0	0	0	0	33.10
40.00	04000	SUBPROVIDER - I PF	0	0	0	1,444,473	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	1,846,435	0	41.00
43.00	04300	NURSERY	0	0	0	884,275	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	7,055,988	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,274,440	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	794,227	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	226,246	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,672,229	0	2,317,174	0	54.00
54.01	03450	NUCLEAR MEDICINE	0	437,214	0	388,821	0	54.01
54.02	03630	ULTRASOUND	0	330,864	0	409,455	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,525,420	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	869,571	0	1,117,059	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	612,737	0	769,399	0	58.00
60.00	06000	LABORATORY	0	0	0	4,188,256	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	333,267	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	559,267	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	703,368	0	65.00
65.01	03560	PULMONARY FUNCTION	0	0	0	100,013	0	65.01
66.00	06600	PHYSICAL THERAPY	1,382,984	0	0	2,943,595	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	381,114	0	0	723,466	0	67.00
68.00	06800	SPEECH PATHOLOGY	262,113	0	0	270,608	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	158,125	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	1,676,867	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	218,011	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	3,242,218	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,460,729	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,246,593	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	316,948	0	74.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		REHAB ADMINISTRATION (DOLLAR VALUE)	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	
		5.02	5.03	5A.04	5.04	5A.05	
76.00	03320 ELECTROSHOCK THERAPY	0	0	0	34,186	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	239,179	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	329,048	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	1,719,189	0	90.00
91.00	09100 EMERGENCY	0	0	0	3,195,645	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	45,847	0	95.00
101.00	10100 HOME HEALTH AGENCY	2,752,333	0	0	2,861,178	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,778,544	3,922,615	-198,002	78,611,426	-92,275	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	10,184	0	190.00
194.00	07950 MARKETING	0	0	0	804,770	0	194.00
194.01	07951 BUSINESS HEALTH	0	0	0	929,386	0	194.01
194.02	07952 VITACARE	0	0	0	1,562,239	0	194.02
194.03	07953 CASCADE CLINIC	0	0	0	368,656	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	726,433	0	194.04
194.05	07955 ENT CLINIC	0	0	0	5,320	0	194.05
194.06	07956 RSVP	0	0	0	77,073	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	2,737	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	59,711	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	443,755	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	77,342	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	94,264	0	194.11
194.12	07962 LIFESTYLES	0	0	0	148,366	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	266,316	0	194.13
194.14	07964 FOUNDATION	0	0	0	88,845	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	175,822	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	20,632	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	17,921	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	1,877,398	0	194.19
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)	343,173	579,459		198,002		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.071815	0.147723		0.002293		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,018	1,716		588		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000213	0.000437		0.000007		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		5.05	6.00	7.00	8.00	9.00		
<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	00590	ADMINISTRATIVE & GENERAL					5.01	
5.02	00591	REHAB ADMINISTRATION					5.02	
5.03	00592	RADIOLOGY ADMINISTRATION					5.03	
5.04	00510	OCCUPATIONAL HEALTH ADMINISTRATION					5.04	
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	86,474,323				5.05	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	2,663,757	0	217,657		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	423,771	0	0	614,961	8.00	
9.00	00900	HOUSEKEEPING	1,602,185	0	3,120	0	214,537	9.00
10.00	01000	DIETARY	1,866,299	0	7,856	0	7,856	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,416,492	0	3,017	0	3,017	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	770,175	0	3,430	34,816	3,430	14.00
15.00	01500	PHARMACY	1,334,526	0	4,068	523	4,068	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,234,413	0	3,608	0	3,608	16.00
17.00	01700	SOCIAL SERVICE	188,449	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	8,377,184	0	54,362	205,992	54,362	30.00
31.00	03100	INTENSIVE CARE UNIT	2,077,860	0	5,123	32,279	5,123	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	NURSING ADMINISTRATION	0	0	0	0	0	33.01
33.02	03302	GEROPYSCH REVENUE	0	0	0	0	0	33.02
33.03	03303	OPERATING ROOM REVENUE	0	0	0	0	0	33.03
33.04	03304	LABOR & DELIVERY REVENUE	0	0	0	0	0	33.04
33.05	03305	RADIOLOGY - THER REVENUE	0	0	0	0	0	33.05
33.06	03306	PT REVENUE	0	0	0	0	0	33.06
33.07	03307	CARDIAC REHAB REVENUE	0	0	0	0	0	33.07
33.08	03308	HHA REVENUE	0	0	0	0	0	33.08
33.09	03309	OPERATION OF PLANT REVENUE	0	0	0	0	0	33.09
33.10	03310	CLINIC REVENUE	0	0	0	0	0	33.10
40.00	04000	SUBPROVIDER - I PF	1,447,785	0	5,570	11,261	5,570	40.00
41.00	04100	SUBPROVIDER - I RF	1,850,669	0	6,545	25,155	6,545	41.00
43.00	04300	NURSERY	886,303	0	1,330	0	1,330	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,072,167	0	13,567	71,640	13,567	50.00
51.00	05100	RECOVERY ROOM	2,279,655	0	11,927	54,629	11,927	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	796,048	0	2,321	0	2,321	52.00
53.00	05300	ANESTHESIOLOGY	226,765	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,322,487	0	12,874	40,201	12,874	54.00
54.01	03450	NUCLEAR MEDICINE	389,713	0	0	0	0	54.01
54.02	03630	ULTRASOUND	410,394	0	168	0	168	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,531,211	0	11,764	22,420	11,764	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,119,620	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	771,163	0	0	0	0	58.00
60.00	06000	LABORATORY	4,197,860	0	4,440	329	4,440	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	334,031	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	560,549	0	1,423	11,637	1,423	64.00
65.00	06500	RESPIRATORY THERAPY	704,981	0	2,043	1,171	2,043	65.00
65.01	03560	PULMONARY FUNCTION	100,242	0	427	159	427	65.01
66.00	06600	PHYSICAL THERAPY	2,950,345	0	6,516	17,649	6,516	66.00
67.00	06700	OCCUPATIONAL THERAPY	725,125	0	3,332	0	3,332	67.00
68.00	06800	SPEECH PATHOLOGY	271,229	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	158,488	0	0	2,859	0	69.00
69.01	03140	CARDIOLOGY	1,680,712	0	846	5,201	846	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	218,511	0	756	2,308	756	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	3,249,652	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,473,250	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,254,037	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	317,675	0	1,267	1,973	1,267	74.00
76.00	03320	ELECTROSHOCK THERAPY	34,264	0	0	356	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		5.05	6.00	7.00	8.00	9.00		
76.97	07697	CARDIAC REHABILITATION	239,727	0	1,655	331	1,655	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	329,803	0	887	6,216	887	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,723,131	0	9,216	6,313	9,216	90.00
91.00	09100	EMERGENCY	3,202,973	0	12,649	58,385	12,649	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	45,952	0	0	49	0	95.00
101.00	10100	HOME HEALTH AGENCY	2,867,739	0	5,016	0	5,016	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	78,699,367	0	201,123	613,852	198,003	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,207	0	770	0	770	190.00
194.00	07950	MARKETING	806,615	0	2,021	0	2,021	194.00
194.01	07951	BUSINESS HEALTH	931,517	0	3,984	0	3,984	194.01
194.02	07952	VITACARE	1,565,821	0	5,048	0	5,048	194.02
194.03	07953	CASCADE CLINIC	369,501	0	2,500	716	2,500	194.03
194.04	07954	ORTHOPEDIC CLINIC	728,099	0	0	0	0	194.04
194.05	07955	ENT CLINIC	5,332	0	0	0	0	194.05
194.06	07956	RSVP	77,250	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	2,743	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	59,848	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	444,773	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	77,519	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	94,480	0	0	0	0	194.11
194.12	07962	LIFESTYLES	148,706	0	0	393	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	266,927	0	0	0	0	194.13
194.14	07964	FOUNDATION	89,049	0	651	0	651	194.14
194.15	07965	PHYSICIAN BILLING	176,225	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	20,679	0	1,560	0	1,560	194.17
194.18	07968	CONTRACTED ULTRASOUND	17,962	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	1,881,703	0	0	0	0	194.19
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)	92,275	0	2,666,599	424,223	1,642,119	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001067	0.000000	12.251382	0.689837	7.654246	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	275	0	71,785	1,054	49,496	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000003	0.000000	0.329808	0.001714	0.230711	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	
		10.00	11.00	11.01	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00592						5.03
5.04	00510						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	429,209					10.00
11.00	01100	274,049	274,049				11.00
11.01	01101	0	274,049	947,360			11.01
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	54,955	0	647,045	13.00
14.00	01400	0	0	17,410	0	0	14.00
15.00	01500	0	0	26,354	0	0	15.00
16.00	01600	0	0	24,906	0	0	16.00
17.00	01700	0	0	6,306	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	85,809	0	168,948	0	168,948	30.00
31.00	03100	8,042	0	41,223	0	41,223	31.00
33.00	03300	0	0	0	0	0	33.00
33.01	03301	0	0	0	0	0	33.01
33.02	03302	0	0	0	0	0	33.02
33.03	03303	0	0	0	0	0	33.03
33.04	03304	0	0	0	0	0	33.04
33.05	03305	0	0	0	0	0	33.05
33.06	03306	0	0	0	0	0	33.06
33.07	03307	0	0	0	0	0	33.07
33.08	03308	0	0	0	0	0	33.08
33.09	03309	0	0	0	0	0	33.09
33.10	03310	0	0	0	0	0	33.10
40.00	04000	10,218	0	22,383	0	22,383	40.00
41.00	04100	8,337	0	25,686	0	25,686	41.00
43.00	04300	0	0	17,842	0	17,842	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,716	0	76,749	0	76,749	50.00
51.00	05100	0	0	44,376	0	44,376	51.00
52.00	05200	0	0	15,112	0	15,112	52.00
53.00	05300	0	0	2,029	0	2,029	53.00
54.00	05400	0	0	26,288	0	26,288	54.00
54.01	03450	0	0	2,112	0	2,112	54.01
54.02	03630	0	0	4,211	0	4,211	54.02
55.00	05500	0	0	26,433	0	26,433	55.00
57.00	05700	0	0	4,437	0	4,437	57.00
58.00	05800	0	0	5,457	0	5,457	58.00
60.00	06000	0	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	9,567	0	9,567	64.00
65.00	06500	0	0	15,307	0	15,307	65.00
65.01	03560	0	0	2,085	0	2,085	65.01
66.00	06600	0	0	63,739	0	63,739	66.00
67.00	06700	0	0	11,651	0	11,651	67.00
68.00	06800	0	0	3,685	0	3,685	68.00
69.00	06900	0	0	2,801	0	2,801	69.00
69.01	03140	0	0	13,467	0	13,467	69.01
70.00	07000	0	0	4,012	0	4,012	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		10.00	11.00	11.01	12.00	13.00	
76.00	03320 ELECTROSHOCK THERAPY	0	0	378	0	378	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	4,675	0	4,675	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	2,317	0	2,317	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	30,075	0	30,075	90.00
91.00	09100 EMERGENCY	0	0	58,301	0	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	53,426	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	388,171	274,049	888,703	0	647,045	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	0	0	7,814	0	0	194.00
194.01	07951 BUSINESS HEALTH	0	0	10,901	0	0	194.01
194.02	07952 VI TACARE	0	0	11,582	0	0	194.02
194.03	07953 CASCADE CLINIC	0	0	5,488	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	1,216	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	0	1,978	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	1,880	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	53	0	0	194.11
194.12	07962 LIFESTYLES	0	0	2,992	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	4,000	0	0	194.13
194.14	07964 FOUNDATION	0	0	4,064	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	6,243	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	41,038	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	446	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,024,669	1,292,747	1,292,747	0	3,555,182	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.717210	4.717211	1.364578	0.000000	5.494490	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	124,195	79,297	79,297	0	52,382	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.289358	0.289353	0.083703	0.000000	0.080956	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1  
Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00592						5.03
5.04	00510						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
11.01	01101						11.01
12.00	01200						12.00
13.00	01300						13.00
14.00	01400	4,952,908					14.00
15.00	01500	234,824	2,738,798				15.00
16.00	01600	4,074	0	235,296,612			16.00
17.00	01700	491	0	0	21,930		17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0		20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	182,050	0	15,773,161	13,667		30.00
31.00	03100	45,089	0	3,352,088	2,086		31.00
33.00	03300	0	0	0	0		33.00
33.01	03301	0	0	0	0		33.01
33.02	03302	0	0	0	0		33.02
33.03	03303	0	0	0	0		33.03
33.04	03304	0	0	0	0		33.04
33.05	03305	0	0	0	0		33.05
33.06	03306	0	0	0	0		33.06
33.07	03307	0	0	0	0		33.07
33.08	03308	0	0	0	0		33.08
33.09	03309	0	0	0	0		33.09
33.10	03310	0	0	0	0		33.10
40.00	04000	9,807	0	3,503,761	1,905		40.00
41.00	04100	23,683	0	4,026,078	2,621		41.00
43.00	04300	13,350	0	1,812,405	1,651		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,344,565	0	38,880,877	0	0	50.00
51.00	05100	60,898	0	7,914,459	0	0	51.00
52.00	05200	30,099	0	2,737,367	0	0	52.00
53.00	05300	34,022	0	6,461,002	0	0	53.00
54.00	05400	34,938	0	6,265,058	0	0	54.00
54.01	03450	555	0	1,661,751	0	0	54.01
54.02	03630	5,327	0	2,286,672	0	0	54.02
55.00	05500	6,995	0	20,271,224	0	0	55.00
57.00	05700	24,409	0	9,580,480	0	0	57.00
58.00	05800	1,028	0	5,964,505	0	0	58.00
60.00	06000	29	0	11,748,014	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	709,020	0	0	63.00
64.00	06400	15,831	0	2,598,088	0	0	64.00
65.00	06500	9,737	0	3,092,837	0	0	65.00
65.01	03560	1,327	0	1,001,236	0	0	65.01
66.00	06600	14,703	0	7,751,191	0	0	66.00
67.00	06700	1,700	0	2,111,589	0	0	67.00
68.00	06800	0	0	516,742	0	0	68.00
69.00	06900	3,475	0	1,116,786	0	0	69.00
69.01	03140	70,221	0	8,110,535	0	0	69.01
70.00	07000	552	0	954,506	0	0	70.00
71.00	07100	1,464,740	0	10,604,420	0	0	71.00
72.00	07200	1,126,086	0	7,615,387	0	0	72.00
73.00	07300	0	2,736,854	21,667,525	0	0	73.00
74.00	07400	0	0	292,298	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:  
5/19/2014 2:33 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	
76.00	03320 ELECTROSHOCK THERAPY	6,708	0	248,152	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,168	0	399,154	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	1,205	0	1,275,475	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	66,506	0	8,247,408	0	0	90.00
91.00	09100 EMERGENCY	68,691	0	11,728,439	0	0	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	47,297	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	25,310	0	2,969,625	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,935,193	2,736,854	235,296,612	21,930	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	766	0	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	3,518	0	0	0	0	194.01
194.02	07952 VI TACARE	9,528	1,940	0	0	0	194.02
194.03	07953 CASCADE CLINIC	1,105	0	0	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	33	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LI FESTYLES	74	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	153	0	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	2,538	4	0	0	0	194.19
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)	887,047	1,495,305	1,342,266	197,343	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.179096	0.545971	0.005705	8.998769	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	80,066	68,753	61,118	1,134	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.016165	0.025103	0.000260	0.051710	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
		SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
<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 00590 ADMINI STRATIVE & GENERAL						5.01
5.02 00591 REHAB ADMINI STRATION						5.02
5.03 00592 RADIOLOGY ADMINI STRATION						5.03
5.04 00510 OCCUPATIONAL HEALTH ADMINI STRATION						5.04
5.05 00560 OTHER ADMINI STRATIVE 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
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINI STRATION						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
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL	0					20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD		0				21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD			0			22.00
23.00 02300 PARAMED PRGM- (SPECIFY)				0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0		31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
33.01 03301 NURSING ADMINI STRATION	0	0	0	0		33.01
33.02 03302 GEROPYSCH REVENUE	0	0	0	0		33.02
33.03 03303 OPERATING ROOM REVENUE	0	0	0	0		33.03
33.04 03304 LABOR & DELIVERY REVENUE	0	0	0	0		33.04
33.05 03305 RADIOLOGY - THER REVENUE	0	0	0	0		33.05
33.06 03306 PT REVENUE	0	0	0	0		33.06
33.07 03307 CARDIAC REHAB REVENUE	0	0	0	0		33.07
33.08 03308 HHA REVENUE	0	0	0	0		33.08
33.09 03309 OPERATION OF PLANT REVENUE	0	0	0	0		33.09
33.10 03310 CLINIC REVENUE	0	0	0	0		33.10
40.00 04000 SUBPROVIDER - I PF	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0		41.00
43.00 04300 NURSERY	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
54.01 03450 NUCLEAR MEDICINE	0	0	0	0		54.01
54.02 03630 ULTRASOUND	0	0	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
60.00 06000 LABORATORY	0	0	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0		65.00
65.01 03560 PULMONARY FUNCTION	0	0	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0		69.00
69.01 03140 RADIOLOGY	0	0	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)			
		SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)				
		20.00	21.00				22.00
74.00 07400 RENAL DIALYSIS	0	0	0	0		74.00	
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0		76.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0		76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98	
76.99 07699 LI THOTRI PSY	0	0	0	0		76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0		90.00	
91.00 09100 EMERGENCY	0	0	0	0		91.00	
92.00 09200 OBSERVATION BEDS						92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0		95.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0		101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)					0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00	
194.00 07950 MARKETING	0	0	0	0		194.00	
194.01 07951 BUSINESS HEALTH	0	0	0	0		194.01	
194.02 07952 VI TACARE	0	0	0	0		194.02	
194.03 07953 CASCADE CLINIC	0	0	0	0		194.03	
194.04 07954 ORTHOPEDIC CLINIC	0	0	0	0		194.04	
194.05 07955 ENT CLINIC	0	0	0	0		194.05	
194.06 07956 RSVP	0	0	0	0		194.06	
194.07 07957 CONTRACT CLEANING	0	0	0	0		194.07	
194.08 07958 DIM MAINTENANCE	0	0	0	0		194.08	
194.09 07959 RENTAL PROPERTY	0	0	0	0		194.09	
194.10 07960 GRANDVIEW MEDICAL CENTER	0	0	0	0		194.10	
194.11 07961 NORTH GRANDVIEW OFFICE	0	0	0	0		194.11	
194.12 07962 LIFESTYLES	0	0	0	0		194.12	
194.13 07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0		194.13	
194.14 07964 FOUNDATION	0	0	0	0		194.14	
194.15 07965 PHYSICIAN BILLING	0	0	0	0		194.15	
194.16 07966 GUEST MEALS / MOW'S	0	0	0	0		194.16	
194.17 07967 NONREIMBURSABLE	0	0	0	0		194.17	
194.18 07968 CONTRACTED ULTRASOUND	0	0	0	0		194.18	
194.19 07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0		194.19	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	0	0	0	0		202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)						203.00
204.00	0.000000	0.000000	0.000000	0.000000	0.000000	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00
205.00	0.000000	0.000000	0.000000	0.000000	0.000000	205.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160117

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/19/2014 2:33 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		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	11,419,515		11,419,515	0	11,419,515	30.00
31.00	03100 INTENSIVE CARE UNIT	2,570,978		2,570,978	0	2,570,978	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301 NURSING ADMINISTRATION	0		0	0	0	33.01
33.02	03302 GEROPYSCH REVENUE	0		0	0	0	33.02
33.03	03303 OPERATING ROOM REVENUE	0		0	0	0	33.03
33.04	03304 LABOR & DELIVERY REVENUE	0		0	0	0	33.04
33.05	03305 RADIOLOGY - THER REVENUE	0		0	0	0	33.05
33.06	03306 PT REVENUE	0		0	0	0	33.06
33.07	03307 CARDIAC REHAB REVENUE	0		0	0	0	33.07
33.08	03308 HHA REVENUE	0		0	0	0	33.08
33.09	03309 OPERATION OF PLANT REVENUE	0		0	0	0	33.09
33.10	03310 CLINIC REVENUE	0		0	0	0	33.10
40.00	04000 SUBPROVIDER - I PF	1,808,586		1,808,586	0	1,808,586	40.00
41.00	04100 SUBPROVIDER - I RF	2,266,585		2,266,585	0	2,266,585	41.00
43.00	04300 NURSERY	1,063,691		1,063,691	0	1,063,691	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	8,396,232		8,396,232	0	8,396,232	50.00
51.00	05100 RECOVERY ROOM	2,917,623		2,917,623	0	2,917,623	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	967,761		967,761	0	967,761	52.00
53.00	05300 ANESTHESIOLOGY	283,877		283,877	0	283,877	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,831,272		2,831,272	0	2,831,272	54.00
54.01	03450 NUCLEAR MEDICINE	414,194		414,194	0	414,194	54.01
54.02	03630 ULTRASOUND	457,058		457,058	0	457,058	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	3,081,754		3,081,754	11,328	3,093,082	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,210,278		1,210,278	0	1,210,278	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	843,628		843,628	0	843,628	58.00
60.00	06000 LABORATORY	4,357,974		4,357,974	0	4,357,974	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	338,432		338,432	0	338,432	63.00
64.00	06400 INTRAVENOUS THERAPY	680,779		680,779	0	680,779	64.00
65.00	06500 RESPIRATORY THERAPY	871,590	0	871,590	0	871,590	65.00
65.01	03560 PULMONARY FUNCTION	129,209	0	129,209	0	129,209	65.01
66.00	06600 PHYSICAL THERAPY	3,579,417	0	3,579,417	0	3,579,417	66.00
67.00	06700 OCCUPATIONAL THERAPY	884,491	0	884,491	0	884,491	67.00
68.00	06800 SPEECH PATHOLOGY	299,741	0	299,741	0	299,741	68.00
69.00	06900 ELECTROCARDIOLOGY	186,834		186,834	0	186,834	69.00
69.01	03140 RADIOLOGY	1,854,151		1,854,151	0	1,854,151	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	268,448		268,448	0	268,448	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,575,950		3,575,950	0	3,575,950	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	5,724,213		5,724,213	0	5,724,213	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,875,366		4,875,366	0	4,875,366	73.00
74.00	07400 RENAL DIALYSIS	346,264		346,264	0	346,264	74.00
76.00	03320 ELECTROSHOCK THERAPY	39,757		39,757	0	39,757	76.00
76.97	07697 CARDIAC REHABILITATION	307,886		307,886	370	308,256	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	375,485		375,485	0	375,485	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	2,178,025		2,178,025	3,751	2,181,776	90.00
91.00	09100 EMERGENCY	3,657,223		3,657,223	334,012	3,991,235	91.00
92.00	09200 OBSERVATION BEDS	841,327		841,327	0	841,327	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	46,305		46,305	0	46,305	95.00
101.00	10100 HOME HEALTH AGENCY	3,065,025		3,065,025	0	3,065,025	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	79,016,924	0	79,016,924	349,461	79,366,385	200.00
201.00	Less Observation Beds	841,327		841,327		841,327	201.00
202.00	Total (see instructions)	78,175,597	0	78,175,597	349,461	78,525,058	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160117

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/19/2014 2:33 pm

		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	14,695,534		14,695,534		30.00
31.00	03100	INTENSIVE CARE UNIT	3,352,088		3,352,088		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	NURSING ADMINISTRATION	0		0		33.01
33.02	03302	GEROPYSCH REVENUE	0		0		33.02
33.03	03303	OPERATING ROOM REVENUE	0		0		33.03
33.04	03304	LABOR & DELIVERY REVENUE	0		0		33.04
33.05	03305	RADIOLOGY - THER REVENUE	0		0		33.05
33.06	03306	PT REVENUE	0		0		33.06
33.07	03307	CARDIAC REHAB REVENUE	0		0		33.07
33.08	03308	HHA REVENUE	0		0		33.08
33.09	03309	OPERATION OF PLANT REVENUE	0		0		33.09
33.10	03310	CLINIC REVENUE	0		0		33.10
40.00	04000	SUBPROVIDER - I PF	3,503,761		3,503,761		40.00
41.00	04100	SUBPROVIDER - I RF	4,026,078		4,026,078		41.00
43.00	04300	NURSERY	1,812,405		1,812,405		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	11,696,881	27,183,996	38,880,877	0.215948	50.00
51.00	05100	RECOVERY ROOM	2,400,452	5,514,007	7,914,459	0.368645	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,522,460	214,907	2,737,367	0.353537	52.00
53.00	05300	ANESTHESIOLOGY	1,569,970	4,891,032	6,461,002	0.043937	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,352,277	4,912,781	6,265,058	0.451915	54.00
54.01	03450	NUCLEAR MEDICINE	205,749	1,456,002	1,661,751	0.249252	54.01
54.02	03630	ULTRASOUND	540,235	1,746,437	2,286,672	0.199879	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	87,660	20,183,564	20,271,224	0.152026	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,870,059	6,710,421	9,580,480	0.126327	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	643,556	5,320,949	5,964,505	0.141441	58.00
60.00	06000	LABORATORY	6,683,778	5,064,236	11,748,014	0.370954	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	418,563	290,457	709,020	0.477324	63.00
64.00	06400	INTRAVENOUS THERAPY	731,896	1,866,192	2,598,088	0.262031	64.00
65.00	06500	RESPIRATORY THERAPY	2,917,285	175,552	3,092,837	0.281809	65.00
65.01	03560	PULMONARY FUNCTION	837,718	163,518	1,001,236	0.129049	65.01
66.00	06600	PHYSICAL THERAPY	2,250,194	5,500,997	7,751,191	0.461789	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,363,110	748,479	2,111,589	0.418875	67.00
68.00	06800	SPEECH PATHOLOGY	437,152	79,590	516,742	0.580059	68.00
69.00	06900	ELECTROCARDIOLOGY	351,039	765,747	1,116,786	0.167296	69.00
69.01	03140	CARDIOLOGY	5,114,053	2,996,482	8,110,535	0.228610	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	72,424	882,082	954,506	0.281243	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	6,398,184	4,206,236	10,604,420	0.337213	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,297,084	2,318,303	7,615,387	0.751664	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,848,656	8,818,869	21,667,525	0.225008	73.00
74.00	07400	RENAL DIALYSIS	284,332	7,966	292,298	1.184627	74.00
76.00	03320	ELECTROSHOCK THERAPY	8,085	240,067	248,152	0.160212	76.00
76.97	07697	CARDIAC REHABILITATION	270	398,884	399,154	0.771346	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,275,475	1,275,475	0.294388	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	406,571	7,840,837	8,247,408	0.264086	90.00
91.00	09100	EMERGENCY	2,355,355	9,373,084	11,728,439	0.311825	91.00
92.00	09200	OBSERVATION BEDS	182,069	895,558	1,077,627	0.780722	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	20,540	26,757	47,297	0.979026	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,969,625	2,969,625		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	100,257,523	135,039,089	235,296,612		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	100,257,523	135,039,089	235,296,612		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/19/2014 2:33 pm
		Title XVII I	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
33.01	03301 NURSING ADMINISTRATION			33.01
33.02	03302 GEROPYSCH REVENUE			33.02
33.03	03303 OPERATING ROOM REVENUE			33.03
33.04	03304 LABOR & DELIVERY REVENUE			33.04
33.05	03305 RADIOLOGY - THER REVENUE			33.05
33.06	03306 PT REVENUE			33.06
33.07	03307 CARDIAC REHAB REVENUE			33.07
33.08	03308 HHA REVENUE			33.08
33.09	03309 OPERATION OF PLANT REVENUE			33.09
33.10	03310 CLINIC REVENUE			33.10
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.215948		50.00
51.00	05100 RECOVERY ROOM	0.368645		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.353537		52.00
53.00	05300 ANESTHESIOLOGY	0.043937		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.451915		54.00
54.01	03450 NUCLEAR MEDICINE	0.249252		54.01
54.02	03630 ULTRASOUND	0.199879		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.152585		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.126327		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.141441		58.00
60.00	06000 LABORATORY	0.370954		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.477324		63.00
64.00	06400 INTRAVENOUS THERAPY	0.262031		64.00
65.00	06500 RESPIRATORY THERAPY	0.281809		65.00
65.01	03560 PULMONARY FUNCTION	0.129049		65.01
66.00	06600 PHYSICAL THERAPY	0.461789		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.418875		67.00
68.00	06800 SPEECH PATHOLOGY	0.580059		68.00
69.00	06900 ELECTROCARDIOLOGY	0.167296		69.00
69.01	03140 RADIOLOGY	0.228610		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.281243		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.337213		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.751664		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.225008		73.00
74.00	07400 RENAL DIALYSIS	1.184627		74.00
76.00	03320 ELECTROSHOCK THERAPY	0.160212		76.00
76.97	07697 CARDIAC REHABILITATION	0.772273		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.294388		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.264541		90.00
91.00	09100 EMERGENCY	0.340304		91.00
92.00	09200 OBSERVATION BEDS	0.780722		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.979026		95.00
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: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/19/2014 2:33 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	961,237	0	961,237	14,754	65.15 30.00
31.00	INTENSIVE CARE UNIT	173,308		173,308	2,086	83.08 31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00 33.00
33.01	NURSING ADMINISTRATION	0		0	0	0.00 33.01
33.02	GEROPYSCH REVENUE	0		0	0	0.00 33.02
33.03	OPERATING ROOM REVENUE	0		0	0	0.00 33.03
33.04	LABOR & DELIVERY REVENUE	0		0	0	0.00 33.04
33.05	RADIOLOGY - THER REVENUE	0		0	0	0.00 33.05
33.06	PT REVENUE	0		0	0	0.00 33.06
33.07	CARDIAC REHAB REVENUE	0		0	0	0.00 33.07
33.08	HHA REVENUE	0		0	0	0.00 33.08
33.09	OPERATION OF PLANT REVENUE	0		0	0	0.00 33.09
33.10	CLINIC REVENUE	0		0	0	0.00 33.10
40.00	SUBPROVIDER - IPF	82,923	0	82,923	1,905	43.53 40.00
41.00	SUBPROVIDER - IRF	100,094	0	100,094	2,621	38.19 41.00
43.00	NURSERY	38,953		38,953	1,651	23.59 43.00
200.00	Total (Lines 30-199)	1,356,515		1,356,515	23,017	200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
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	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	9,272	604,071	30.00
31.00	INTENSIVE CARE UNIT	1,130	93,880	31.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	NURSING ADMINISTRATION	0	0	33.01
33.02	GEROPYSCH REVENUE	0	0	33.02
33.03	OPERATING ROOM REVENUE	0	0	33.03
33.04	LABOR & DELIVERY REVENUE	0	0	33.04
33.05	RADIOLOGY - THER REVENUE	0	0	33.05
33.06	PT REVENUE	0	0	33.06
33.07	CARDIAC REHAB REVENUE	0	0	33.07
33.08	HHA REVENUE	0	0	33.08
33.09	OPERATION OF PLANT REVENUE	0	0	33.09
33.10	CLINIC REVENUE	0	0	33.10
40.00	SUBPROVIDER - IPF	1,616	70,344	40.00
41.00	SUBPROVIDER - IRF	2,051	78,328	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	14,069	846,623	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/19/2014 2:33 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		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	882,064	38,880,877	0.022686	6,158,185	139,705	50.00
51.00	05100 RECOVERY ROOM	193,029	7,914,459	0.024389	926,071	22,586	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	56,438	2,737,367	0.020618	19,504	402	52.00
53.00	05300 ANESTHESIOLOGY	17,898	6,461,002	0.002770	786,794	2,179	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	510,077	6,265,058	0.081416	960,369	78,189	54.00
54.01	03450 NUCLEAR MEDICINE	2,714	1,661,751	0.001633	127,632	208	54.01
54.02	03630 ULTRASOUND	78,438	2,286,672	0.034302	303,668	10,416	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	518,492	20,271,224	0.025578	55,110	1,410	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	360,910	9,580,480	0.037671	1,723,301	64,918	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	209,456	5,964,505	0.035117	384,504	13,503	58.00
60.00	06000 LABORATORY	65,988	11,748,014	0.005617	3,972,236	22,312	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,015	709,020	0.001432	314,806	451	63.00
64.00	06400 INTRAVENOUS THERAPY	41,680	2,598,088	0.016043	397,138	6,371	64.00
65.00	06500 RESPIRATORY THERAPY	43,150	3,092,837	0.013952	1,938,388	27,044	65.00
65.01	03560 PULMONARY FUNCTION	7,782	1,001,236	0.007772	507,285	3,943	65.01
66.00	06600 PHYSICAL THERAPY	110,857	7,751,191	0.014302	957,873	13,699	66.00
67.00	06700 OCCUPATIONAL THERAPY	46,749	2,111,589	0.022139	348,340	7,712	67.00
68.00	06800 SPEECH PATHOLOGY	6,037	516,742	0.011683	138,564	1,619	68.00
69.00	06900 ELECTROCARDIOLOGY	6,957	1,116,786	0.006229	241,173	1,502	69.00
69.01	03140 RADIOLOGY	301,595	8,110,535	0.037186	3,129,604	116,377	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	16,485	954,506	0.017271	35,325	610	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	34,526	10,604,420	0.003256	4,235,970	13,792	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	33,804	7,615,387	0.004439	3,244,366	14,402	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	82,437	21,667,525	0.003805	7,061,135	26,868	73.00
74.00	07400 RENAL DIALYSIS	15,715	292,298	0.053764	207,175	11,139	74.00
76.00	03320 ELECTROSHOCK THERAPY	3,458	248,152	0.013935	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	25,476	399,154	0.063825	270	17	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	17,628	1,275,475	0.013821	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	133,798	8,247,408	0.016223	395,847	6,422	90.00
91.00	09100 EMERGENCY	193,906	11,728,439	0.016533	1,483,419	24,525	91.00
92.00	09200 OBSERVATION BEDS	70,819	1,077,627	0.065718	111,483	7,326	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	4,089,378	204,889,824		40,165,535	639,647	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/19/2014 2:33 pm
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Cost Center Description	Title XVIII					Hospital	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS	
	1.00	2.00	3.00	4.00	5.00		

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	NURSING ADMINISTRATION	0	0	0	0	33.01
33.02	03302	GEROPYSCH REVENUE	0	0	0	0	33.02
33.03	03303	OPERATING ROOM REVENUE	0	0	0	0	33.03
33.04	03304	LABOR & DELIVERY REVENUE	0	0	0	0	33.04
33.05	03305	RADIOLOGY - THER REVENUE	0	0	0	0	33.05
33.06	03306	PT REVENUE	0	0	0	0	33.06
33.07	03307	CARDIAC REHAB REVENUE	0	0	0	0	33.07
33.08	03308	HHA REVENUE	0	0	0	0	33.08
33.09	03309	OPERATION OF PLANT REVENUE	0	0	0	0	33.09
33.10	03310	CLINIC REVENUE	0	0	0	0	33.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,754	0.00	9,272	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,086	0.00	1,130	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
33.01	03301	NURSING ADMINISTRATION	0	0.00	0	0	33.01
33.02	03302	GEROPYSCH REVENUE	0	0.00	0	0	33.02
33.03	03303	OPERATING ROOM REVENUE	0	0.00	0	0	33.03
33.04	03304	LABOR & DELIVERY REVENUE	0	0.00	0	0	33.04
33.05	03305	RADIOLOGY - THER REVENUE	0	0.00	0	0	33.05
33.06	03306	PT REVENUE	0	0.00	0	0	33.06
33.07	03307	CARDIAC REHAB REVENUE	0	0.00	0	0	33.07
33.08	03308	HHA REVENUE	0	0.00	0	0	33.08
33.09	03309	OPERATION OF PLANT REVENUE	0	0.00	0	0	33.09
33.10	03310	CLINIC REVENUE	0	0.00	0	0	33.10
40.00	04000	SUBPROVIDER - IPF	1,905	0.00	1,616	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,621	0.00	2,051	0	41.00
43.00	04300	NURSERY	1,651	0.00	0	0	43.00
200.00		Total (lines 30-199)	23,017		14,069	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0			33.00
33.01	03301	NURSING ADMINISTRATION	0	0			33.01
33.02	03302	GEROPYSCH REVENUE	0	0			33.02
33.03	03303	OPERATING ROOM REVENUE	0	0			33.03
33.04	03304	LABOR & DELIVERY REVENUE	0	0			33.04
33.05	03305	RADIOLOGY - THER REVENUE	0	0			33.05
33.06	03306	PT REVENUE	0	0			33.06
33.07	03307	CARDIAC REHAB REVENUE	0	0			33.07
33.08	03308	HHA REVENUE	0	0			33.08
33.09	03309	OPERATION OF PLANT REVENUE	0	0			33.09
33.10	03310	CLINIC REVENUE	0	0			33.10
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
43.00	04300	NURSERY	0	0			43.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160117

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/19/2014 2:33 pm

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	0	0	0	0	54.01
54.02	03630	ULTRASOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/19/2014 2:33 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	38,880,877	0.000000	0.000000	6,158,185	50.00
51.00	05100 RECOVERY ROOM	0	7,914,459	0.000000	0.000000	926,071	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,737,367	0.000000	0.000000	19,504	52.00
53.00	05300 ANESTHESIOLOGY	0	6,461,002	0.000000	0.000000	786,794	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,265,058	0.000000	0.000000	960,369	54.00
54.01	03450 NUCLEAR MEDICINE	0	1,661,751	0.000000	0.000000	127,632	54.01
54.02	03630 ULTRASOUND	0	2,286,672	0.000000	0.000000	303,668	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	20,271,224	0.000000	0.000000	55,110	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	9,580,480	0.000000	0.000000	1,723,301	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,964,505	0.000000	0.000000	384,504	58.00
60.00	06000 LABORATORY	0	11,748,014	0.000000	0.000000	3,972,236	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	709,020	0.000000	0.000000	314,806	63.00
64.00	06400 INTRAVENOUS THERAPY	0	2,598,088	0.000000	0.000000	397,138	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,092,837	0.000000	0.000000	1,938,388	65.00
65.01	03560 PULMONARY FUNCTION	0	1,001,236	0.000000	0.000000	507,285	65.01
66.00	06600 PHYSICAL THERAPY	0	7,751,191	0.000000	0.000000	957,873	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,111,589	0.000000	0.000000	348,340	67.00
68.00	06800 SPEECH PATHOLOGY	0	516,742	0.000000	0.000000	138,564	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,116,786	0.000000	0.000000	241,173	69.00
69.01	03140 RADIOLOGY	0	8,110,535	0.000000	0.000000	3,129,604	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	954,506	0.000000	0.000000	35,325	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	10,604,420	0.000000	0.000000	4,235,970	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,615,387	0.000000	0.000000	3,244,366	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	21,667,525	0.000000	0.000000	7,061,135	73.00
74.00	07400 RENAL DIALYSIS	0	292,298	0.000000	0.000000	207,175	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	248,152	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	399,154	0.000000	0.000000	270	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	1,275,475	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	8,247,408	0.000000	0.000000	395,847	90.00
91.00	09100 EMERGENCY	0	11,728,439	0.000000	0.000000	1,483,419	91.00
92.00	09200 OBSERVATION BEDS	0	1,077,627	0.000000	0.000000	111,483	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	204,889,824			40,165,535	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/19/2014 2:33 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title VIII		11.00	12.00	13.00	21.00	22.00	
Hospital							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	10,563,433	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,871,603	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,981	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,758,863	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,414,086	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	798,127	0	0	0	54.01
54.02	03630 ULTRASOUND	0	438,049	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,147,680	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	2,288,166	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,009,198	0	0	0	58.00
60.00	06000 LABORATORY	0	182,711	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	290,457	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	485,283	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	70,623	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION	0	78,796	0	0	0	65.01
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	228,717	0	0	0	69.00
69.01	03140 RADIOLOGY	0	1,566,091	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	291,393	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,767,517	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,055,983	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,474,730	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	3,150	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	118,792	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	225,819	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	745,889	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,572,713	0	0	0	90.00
91.00	09100 EMERGENCY	0	2,220,443	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	428,728	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	50,100,021	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/19/2014 2:33 pm
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	03450 NUCLEAR MEDICINE	0	0			54.01
54.02	03630 ULTRASOUND	0	0			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
60.00	06000 LABORATORY	0	0			60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0			62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400 INTRAVENOUS THERAPY	0	0			64.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
65.01	03560 PULMONARY FUNCTION	0	0			65.01
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
69.01	03140 CARDIOLOGY	0	0			69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0			76.00
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
76.99	07699 LI THOTRI PSY	0	0			76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0			90.00
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/19/2014 2:34 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	0.215948	10,563,433	0	0	2,281,152	50.00
51.00	05100 RECOVERY ROOM	0.368645	1,871,603	0	0	689,957	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.353537	2,981	0	0	1,054	52.00
53.00	05300 ANESTHESIOLOGY	0.043937	1,758,863	0	0	77,279	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.451915	1,414,086	0	0	639,047	54.00
54.01	03450 NUCLEAR MEDICINE	0.249252	798,127	0	0	198,935	54.01
54.02	03630 ULTRASOUND	0.199879	438,049	0	0	87,557	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.152026	12,147,680	0	0	1,846,763	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.126327	2,288,166	0	0	289,057	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.141441	2,009,198	0	0	284,183	58.00
60.00	06000 LABORATORY	0.370954	182,711	4,672	0	67,777	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.477324	290,457	0	0	138,642	63.00
64.00	06400 INTRAVENOUS THERAPY	0.262031	485,283	0	0	127,159	64.00
65.00	06500 RESPIRATORY THERAPY	0.281809	70,623	0	0	19,902	65.00
65.01	03560 PULMONARY FUNCTION	0.129049	78,796	0	0	10,169	65.01
66.00	06600 PHYSICAL THERAPY	0.461789	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.418875	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.580059	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.167296	228,717	0	0	38,263	69.00
69.01	03140 RADIOLOGY	0.228610	1,566,091	0	0	358,024	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.281243	291,393	0	0	81,952	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.337213	1,767,517	0	0	596,030	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.751664	1,055,983	4,275	0	793,744	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.225008	3,474,730	0	46,637	781,842	73.00
74.00	07400 RENAL DIALYSIS	1.184627	3,150	0	0	3,732	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.160212	118,792	0	0	19,032	76.00
76.97	07697 CARDIAC REHABILITATION	0.771346	225,819	0	0	174,185	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0.294388	745,889	0	0	219,581	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.264086	3,572,713	0	0	943,503	90.00
91.00	09100 EMERGENCY	0.311825	2,220,443	0	0	692,390	91.00
92.00	09200 OBSERVATION BEDS	0.780722	428,728	0	0	334,717	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.979026	0	0	0	0	95.00
200.00	Subtotal (see instructions)		50,100,021	8,947	46,637	11,795,628	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		50,100,021	8,947	46,637	11,795,628	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/19/2014 2:34 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03450 NUCLEAR MEDICINE	0	0		54.01
54.02 03630 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00 06000 LABORATORY	1,733	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION	0	0		65.01
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
69.01 03140 RADIOLOGY	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	3,213	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	10,494		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	4,946	10,494	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	4,946	10,494	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160117 Component CCN: 16S117		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/19/2014 2:33 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	882,064	38,880,877	0.022686	0	0	50.00
51.00	05100	RECOVERY ROOM	193,029	7,914,459	0.024389	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,438	2,737,367	0.020618	0	0	52.00
53.00	05300	ANESTHESIOLOGY	17,898	6,461,002	0.002770	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	510,077	6,265,058	0.081416	10,415	848	54.00
54.01	03450	NUCLEAR MEDICINE	2,714	1,661,751	0.001633	0	0	54.01
54.02	03630	ULTRASOUND	78,438	2,286,672	0.034302	3,929	135	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	518,492	20,271,224	0.025578	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	360,910	9,580,480	0.037671	53,397	2,012	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	209,456	5,964,505	0.035117	6,533	229	58.00
60.00	06000	LABORATORY	65,988	11,748,014	0.005617	131,166	737	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,015	709,020	0.001432	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	41,680	2,598,088	0.016043	1,685	27	64.00
65.00	06500	RESPIRATORY THERAPY	43,150	3,092,837	0.013952	21,516	300	65.00
65.01	03560	PULMONARY FUNCTION	7,782	1,001,236	0.007772	4,106	32	65.01
66.00	06600	PHYSICAL THERAPY	110,857	7,751,191	0.014302	56,496	808	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,749	2,111,589	0.022139	28,628	634	67.00
68.00	06800	SPEECH PATHOLOGY	6,037	516,742	0.011683	14,165	165	68.00
69.00	06900	ELECTROCARDIOLOGY	6,957	1,116,786	0.006229	7,296	45	69.00
69.01	03140	CARDIOLOGY	301,595	8,110,535	0.037186	6,072	226	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	16,485	954,506	0.017271	691	12	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	34,526	10,604,420	0.003256	50,303	164	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,804	7,615,387	0.004439	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,437	21,667,525	0.003805	234,493	892	73.00
74.00	07400	RENAL DIALYSIS	15,715	292,298	0.053764	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	3,458	248,152	0.013935	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	25,476	399,154	0.063825	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	17,628	1,275,475	0.013821	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	133,798	8,247,408	0.016223	815	13	90.00
91.00	09100	EMERGENCY	193,906	11,728,439	0.016533	29,212	483	91.00
92.00	09200	OBSERVATION BEDS	0	1,077,627	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	4,018,559	204,889,824		660,918	7,762	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/19/2014 2:33 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION	0	0	0	0	0	65.01
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
69.01	03140 RADIOLOGY	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/19/2014 2:33 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	38,880,877	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	7,914,459	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,737,367	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,461,002	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,265,058	0.000000	0.000000	10,415	54.00
54.01	03450 NUCLEAR MEDICINE	0	1,661,751	0.000000	0.000000	0	54.01
54.02	03630 ULTRASOUND	0	2,286,672	0.000000	0.000000	3,929	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	20,271,224	0.000000	0.000000	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	9,580,480	0.000000	0.000000	53,397	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,964,505	0.000000	0.000000	6,533	58.00
60.00	06000 LABORATORY	0	11,748,014	0.000000	0.000000	131,166	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	709,020	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	2,598,088	0.000000	0.000000	1,685	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,092,837	0.000000	0.000000	21,516	65.00
65.01	03560 PULMONARY FUNCTION	0	1,001,236	0.000000	0.000000	4,106	65.01
66.00	06600 PHYSICAL THERAPY	0	7,751,191	0.000000	0.000000	56,496	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,111,589	0.000000	0.000000	28,628	67.00
68.00	06800 SPEECH PATHOLOGY	0	516,742	0.000000	0.000000	14,165	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,116,786	0.000000	0.000000	7,296	69.00
69.01	03140 RADIOLOGY	0	8,110,535	0.000000	0.000000	6,072	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	954,506	0.000000	0.000000	691	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	10,604,420	0.000000	0.000000	50,303	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,615,387	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	21,667,525	0.000000	0.000000	234,493	73.00
74.00	07400 RENAL DIALYSIS	0	292,298	0.000000	0.000000	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	248,152	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	399,154	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,275,475	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	8,247,408	0.000000	0.000000	815	90.00
91.00	09100 EMERGENCY	0	11,728,439	0.000000	0.000000	29,212	91.00
92.00	09200 OBSERVATION BEDS	0	1,077,627	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	204,889,824			660,918	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/19/2014 2:33 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630	ULTRASOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	630	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	630	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/19/2014 2:33 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	54.01
54.02 03630 ULTRASOUND	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 03560 PULMONARY FUNCTION	0	0	65.01
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
69.01 03140 RADIOLOGY	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/19/2014 2:34 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.215948	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.368645	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.353537	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.043937	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.451915	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0.249252	0	0	0	0	0	54.01
54.02 03630 ULTRASOUND	0.199879	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.152026	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.126327	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.141441	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0.370954	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.477324	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.262031	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.281809	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION	0.129049	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0.461789	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.418875	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.580059	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.167296	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0.228610	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.281243	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.337213	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.751664	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.225008	0	0	0	3,176	0	73.00
74.00 07400 RENAL DIALYSIS	1.184627	0	0	0	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0.160212	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.771346	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.294388	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0.264086	630	0	0	0	166	90.00
91.00 09100 EMERGENCY	0.311825	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0.780722	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0.979026		0	0	0		95.00
200.00	Subtotal (see instructions)		630	0	3,176	166	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		630	0	3,176	166	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160117	Period: From 01/01/2013	Worksheet D
	Component CCN: 16S117	To 12/31/2013	Part V Date/Time Prepared: 5/19/2014 2:34 pm
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03450 NUCLEAR MEDICINE	0	0		54.01
54.02 03630 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION	0	0		65.01
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
69.01 03140 CARDIOLOGY	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	715		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00	Subtotal (see instructions)	0	715	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	715	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160117		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/19/2014 2:33 pm	
		Component CCN: 16T117		Title XVIII		Subprovider - IRF PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	882,064	38,880,877	0.022686	8,159	185	50.00
51.00	05100 RECOVERY ROOM	193,029	7,914,459	0.024389	950	23	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	56,438	2,737,367	0.020618	0	0	52.00
53.00	05300 ANESTHESIOLOGY	17,898	6,461,002	0.002770	1,184	3	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	510,077	6,265,058	0.081416	31,094	2,532	54.00
54.01	03450 NUCLEAR MEDICINE	2,714	1,661,751	0.001633	1,145	2	54.01
54.02	03630 ULTRASOUND	78,438	2,286,672	0.034302	15,809	542	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	518,492	20,271,224	0.025578	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	360,910	9,580,480	0.037671	53,042	1,998	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	209,456	5,964,505	0.035117	30,511	1,071	58.00
60.00	06000 LABORATORY	65,988	11,748,014	0.005617	192,975	1,084	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,015	709,020	0.001432	9,975	14	63.00
64.00	06400 INTRAVENOUS THERAPY	41,680	2,598,088	0.016043	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	43,150	3,092,837	0.013952	91,022	1,270	65.00
65.01	03560 PULMONARY FUNCTION	7,782	1,001,236	0.007772	33,935	264	65.01
66.00	06600 PHYSICAL THERAPY	110,857	7,751,191	0.014302	717,022	10,255	66.00
67.00	06700 OCCUPATIONAL THERAPY	46,749	2,111,589	0.022139	721,871	15,982	67.00
68.00	06800 SPEECH PATHOLOGY	6,037	516,742	0.011683	194,161	2,268	68.00
69.00	06900 ELECTROCARDIOLOGY	6,957	1,116,786	0.006229	5,726	36	69.00
69.01	03140 RADIOLOGY	301,595	8,110,535	0.037186	9,770	363	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	16,485	954,506	0.017271	8,292	143	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	34,526	10,604,420	0.003256	221,618	722	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	33,804	7,615,387	0.004439	1,575	7	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	82,437	21,667,525	0.003805	387,083	1,473	73.00
74.00	07400 RENAL DIALYSIS	15,715	292,298	0.053764	24,150	1,298	74.00
76.00	03320 ELECTROSHOCK THERAPY	3,458	248,152	0.013935	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	25,476	399,154	0.063825	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	17,628	1,275,475	0.013821	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	133,798	8,247,408	0.016223	9,909	161	90.00
91.00	09100 EMERGENCY	193,906	11,728,439	0.016533	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	1,077,627	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	4,018,559	204,889,824		2,770,978	41,696	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16T117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/19/2014 2:33 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION	0	0	0	0	0	65.01
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
69.01	03140 RADIOLOGY	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16T117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/19/2014 2:33 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	38,880,877	0.000000	0.000000	8,159	50.00
51.00	05100 RECOVERY ROOM	0	7,914,459	0.000000	0.000000	950	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,737,367	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,461,002	0.000000	0.000000	1,184	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,265,058	0.000000	0.000000	31,094	54.00
54.01	03450 NUCLEAR MEDICINE	0	1,661,751	0.000000	0.000000	1,145	54.01
54.02	03630 ULTRASOUND	0	2,286,672	0.000000	0.000000	15,809	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	20,271,224	0.000000	0.000000	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	9,580,480	0.000000	0.000000	53,042	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,964,505	0.000000	0.000000	30,511	58.00
60.00	06000 LABORATORY	0	11,748,014	0.000000	0.000000	192,975	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	709,020	0.000000	0.000000	9,975	63.00
64.00	06400 INTRAVENOUS THERAPY	0	2,598,088	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,092,837	0.000000	0.000000	91,022	65.00
65.01	03560 PULMONARY FUNCTION	0	1,001,236	0.000000	0.000000	33,935	65.01
66.00	06600 PHYSICAL THERAPY	0	7,751,191	0.000000	0.000000	717,022	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,111,589	0.000000	0.000000	721,871	67.00
68.00	06800 SPEECH PATHOLOGY	0	516,742	0.000000	0.000000	194,161	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,116,786	0.000000	0.000000	5,726	69.00
69.01	03140 RADIOLOGY	0	8,110,535	0.000000	0.000000	9,770	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	954,506	0.000000	0.000000	8,292	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	10,604,420	0.000000	0.000000	221,618	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,615,387	0.000000	0.000000	1,575	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	21,667,525	0.000000	0.000000	387,083	73.00
74.00	07400 RENAL DIALYSIS	0	292,298	0.000000	0.000000	24,150	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	248,152	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	399,154	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,275,475	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	8,247,408	0.000000	0.000000	9,909	90.00
91.00	09100 EMERGENCY	0	11,728,439	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS	0	1,077,627	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	204,889,824			2,770,978	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16T117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/19/2014 2:33 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630	ULTRASOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION	0	0	0	0	0	65.01
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
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16T117	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/19/2014 2:33 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	54.01
54.02 03630 ULTRASOUND	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 03560 PULMONARY FUNCTION	0	0	65.01
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
69.01 03140 CARDIOLOGY	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/19/2014 2:33 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,754	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,754	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)		13,667	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)		9,272	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)		11,419,515	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)		11,419,515	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)		11,419,515	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)		773.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,176,435	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,176,435	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,570,978	2,086	1,232.49	1,130	1,392,714	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01	NURSING ADMINISTRATION	0	0	0.00	0	0	45.01
45.02	GEROPYSCH REVENUE	0	0	0.00	0	0	45.02
45.03	OPERATING ROOM REVENUE	0	0	0.00	0	0	45.03
45.04	LABOR & DELIVERY REVENUE	0	0	0.00	0	0	45.04
45.05	RADIOLOGY - THER REVENUE	0	0	0.00	0	0	45.05
45.06	PT REVENUE	0	0	0.00	0	0	45.06
45.07	CARDIAC REHAB REVENUE	0	0	0.00	0	0	45.07
45.08	HHA REVENUE	0	0	0.00	0	0	45.08
45.09	OPERATION OF PLANT REVENUE	0	0	0.00	0	0	45.09
45.10	CLINIC REVENUE	0	0	0.00	0	0	45.10
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					12,691,747	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					21,260,896	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)					697,951	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					639,647	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,337,598	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					19,923,298	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/19/2014 2:33 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
Cost Center Description						1.00	
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)					1,087	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					773.99	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					841,327	89.00
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	961,237	11,419,515	0.084175	841,327	70,819	90.00
91.00	Nursing School cost	0	11,419,515	0.000000	841,327	0	91.00
92.00	Allied health cost	0	11,419,515	0.000000	841,327	0	92.00
93.00	All other Medical Education	0	11,419,515	0.000000	841,327	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 16S117		Date/Time Prepared: 5/19/2014 2:33 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)		1,905	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,905	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)		1,905	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)		1,616	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)		1,808,586	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)		1,808,586	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)		1,808,586	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)		949.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,534,214	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,534,214	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 16S117				Date/Time Prepared: 5/19/2014 2:33 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							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
45.01 NURSING ADMINISTRATION	0	0	0.00	0	0		45.01
45.02 GEROPYSCH REVENUE	0	0	0.00	0	0		45.02
45.03 OPERATING ROOM REVENUE	0	0	0.00	0	0		45.03
45.04 LABOR & DELIVERY REVENUE	0	0	0.00	0	0		45.04
45.05 RADIOLOGY - THER REVENUE	0	0	0.00	0	0		45.05
45.06 PT REVENUE	0	0	0.00	0	0		45.06
45.07 CARDIAC REHAB REVENUE	0	0	0.00	0	0		45.07
45.08 HHA REVENUE	0	0	0.00	0	0		45.08
45.09 OPERATION OF PLANT REVENUE	0	0	0.00	0	0		45.09
45.10 CLINIC REVENUE	0	0	0.00	0	0		45.10
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>					<b>1.00</b>		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					197,837		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,732,051		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)					70,344		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,762		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					78,106		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,653,945		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		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00		71.00
72.00 Program routine service cost (line 9 x line 71)					72.00		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00		76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00		80.00
81.00 Inpatient routine service cost per diem limitation					81.00		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00		83.00
84.00 Program inpatient ancillary services (see instructions)					84.00		84.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1		
		Component CCN: 16S117		Date/Time Prepared: 5/19/2014 2:33 pm		
		Title XVIII	Subprovider - IPF	PPS		
Cost Center Description				1.00		
85.00	Utilization review - physician compensation (see instructions)				85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)			0	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)			0.00	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)			0	89.00	
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	82,923	1,808,586	0.045850	0	90.00
91.00	Nursing School cost	0	1,808,586	0.000000	0	91.00
92.00	Allied health cost	0	1,808,586	0.000000	0	92.00
93.00	All other Medical Education	0	1,808,586	0.000000	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 16T117		Date/Time Prepared: 5/19/2014 2:33 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,621	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,621	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)		2,621	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)		2,051	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)		2,266,585	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)		2,266,585	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)		2,266,585	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)		864.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,773,664	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)		1,773,664	41.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 16T117				Date/Time Prepared: 5/19/2014 2:33 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
45.01 NURSING ADMINISTRATION	0	0	0.00	0	0		45.01
45.02 GEROPYSCH REVENUE	0	0	0.00	0	0		45.02
45.03 OPERATING ROOM REVENUE	0	0	0.00	0	0		45.03
45.04 LABOR & DELIVERY REVENUE	0	0	0.00	0	0		45.04
45.05 RADIOLOGY - THER REVENUE	0	0	0.00	0	0		45.05
45.06 PT REVENUE	0	0	0.00	0	0		45.06
45.07 CARDIAC REHAB REVENUE	0	0	0.00	0	0		45.07
45.08 HHA REVENUE	0	0	0.00	0	0		45.08
45.09 OPERATION OF PLANT REVENUE	0	0	0.00	0	0		45.09
45.10 CLINIC REVENUE	0	0	0.00	0	0		45.10
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>					<b>1.00</b>		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,082,933		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,856,597		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)					78,328		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					41,696		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					120,024		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,736,573		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117	Period: From 01/01/2013	Worksheet D-1		
		Component CCN: 16T117	To 12/31/2013	Date/Time Prepared: 5/19/2014 2:33 pm		
		Title XVIII	Subprovider - IRF	PPS		
Cost Center Description				1.00		
85.00	Utilization review - physician compensation (see instructions)				85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)			0	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)			0.00	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)			0	89.00	
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	100,094	2,266,585	0.044161	0	90.00
91.00	Nursing School cost	0	2,266,585	0.000000	0	91.00
92.00	Allied health cost	0	2,266,585	0.000000	0	92.00
93.00	All other Medical Education	0	2,266,585	0.000000	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/19/2014 2:34 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		8,907,915	30.00
31.00	03100	INTENSIVE CARE UNIT		2,130,171	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	NURSING ADMINISTRATION		0	33.01
33.02	03302	GEROPYSCH REVENUE		0	33.02
33.03	03303	OPERATING ROOM REVENUE		0	33.03
33.04	03304	LABOR & DELIVERY REVENUE		0	33.04
33.05	03305	RADIOLOGY - THER REVENUE		0	33.05
33.06	03306	PT REVENUE		0	33.06
33.07	03307	CARDIAC REHAB REVENUE		0	33.07
33.08	03308	HHA REVENUE		0	33.08
33.09	03309	OPERATION OF PLANT REVENUE		0	33.09
33.10	03310	CLINIC REVENUE		0	33.10
40.00	04000	SUBPROVIDER - I PF		5,157	40.00
41.00	04100	SUBPROVIDER - I RF		1,552	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.215948	6,158,185	50.00
51.00	05100	RECOVERY ROOM	0.368645	926,071	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.353537	19,504	52.00
53.00	05300	ANESTHESIOLOGY	0.043937	786,794	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.451915	960,369	54.00
54.01	03450	NUCLEAR MEDICINE	0.249252	127,632	54.01
54.02	03630	ULTRASOUND	0.199879	303,668	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.152585	55,110	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.126327	1,723,301	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.141441	384,504	58.00
60.00	06000	LABORATORY	0.370954	3,972,236	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.477324	314,806	63.00
64.00	06400	INTRAVENOUS THERAPY	0.262031	397,138	64.00
65.00	06500	RESPIRATORY THERAPY	0.281809	1,938,388	65.00
65.01	03560	PULMONARY FUNCTION	0.129049	507,285	65.01
66.00	06600	PHYSICAL THERAPY	0.461789	957,873	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.418875	348,340	67.00
68.00	06800	SPEECH PATHOLOGY	0.580059	138,564	68.00
69.00	06900	ELECTROCARDIOLOGY	0.167296	241,173	69.00
69.01	03140	CARDIOLOGY	0.228610	3,129,604	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281243	35,325	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.337213	4,235,970	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.751664	3,244,366	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225008	7,061,135	73.00
74.00	07400	RENAL DIALYSIS	1.184627	207,175	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.160212	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.772273	270	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.294388	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.264541	395,847	90.00
91.00	09100	EMERGENCY	0.340304	1,483,419	91.00
92.00	09200	OBSERVATION BEDS	0.780722	111,483	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		40,165,535	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)		40,165,535	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 16S117		Date/Time Prepared: 5/19/2014 2:34 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	NURSING ADMINISTRATION		0	33.01
33.02	03302	GEROPYSCH REVENUE		0	33.02
33.03	03303	OPERATING ROOM REVENUE		0	33.03
33.04	03304	LABOR & DELIVERY REVENUE		0	33.04
33.05	03305	RADIOLOGY - THER REVENUE		0	33.05
33.06	03306	PT REVENUE		0	33.06
33.07	03307	CARDIAC REHAB REVENUE		0	33.07
33.08	03308	HHA REVENUE		0	33.08
33.09	03309	OPERATION OF PLANT REVENUE		0	33.09
33.10	03310	CLINIC REVENUE		0	33.10
40.00	04000	SUBPROVIDER - IPF		2,774,460	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.215948	0	50.00
51.00	05100	RECOVERY ROOM	0.368645	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.353537	0	52.00
53.00	05300	ANESTHESIOLOGY	0.043937	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.451915	10,415	54.00
54.01	03450	NUCLEAR MEDICINE	0.249252	0	54.01
54.02	03630	ULTRASOUND	0.199879	3,929	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.152585	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.126327	53,397	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.141441	6,533	58.00
60.00	06000	LABORATORY	0.370954	131,166	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.477324	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.262031	1,685	64.00
65.00	06500	RESPIRATORY THERAPY	0.281809	21,516	65.00
65.01	03560	PULMONARY FUNCTION	0.129049	4,106	65.01
66.00	06600	PHYSICAL THERAPY	0.461789	56,496	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.418875	28,628	67.00
68.00	06800	SPEECH PATHOLOGY	0.580059	14,165	68.00
69.00	06900	ELECTROCARDIOLOGY	0.167296	7,296	69.00
69.01	03140	CARDIOLOGY	0.228610	6,072	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281243	691	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.337213	50,303	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.751664	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225008	234,493	73.00
74.00	07400	RENAL DIALYSIS	1.184627	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.160212	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.772273	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.294388	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.264541	815	90.00
91.00	09100	EMERGENCY	0.340304	29,212	91.00
92.00	09200	OBSERVATION BEDS	0.780722	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		660,918	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)		660,918	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 16T117		Date/Time Prepared: 5/19/2014 2:34 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	NURSING ADMINISTRATION		0	33.01
33.02	03302	GEROPYSCH REVENUE		0	33.02
33.03	03303	OPERATING ROOM REVENUE		0	33.03
33.04	03304	LABOR & DELIVERY REVENUE		0	33.04
33.05	03305	RADIOLOGY - THER REVENUE		0	33.05
33.06	03306	PT REVENUE		0	33.06
33.07	03307	CARDIAC REHAB REVENUE		0	33.07
33.08	03308	HHA REVENUE		0	33.08
33.09	03309	OPERATION OF PLANT REVENUE		0	33.09
33.10	03310	CLINIC REVENUE		0	33.10
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,180,044	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.215948	8,159	50.00
51.00	05100	RECOVERY ROOM	0.368645	950	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.353537	0	52.00
53.00	05300	ANESTHESIOLOGY	0.043937	1,184	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.451915	31,094	54.00
54.01	03450	NUCLEAR MEDICINE	0.249252	1,145	54.01
54.02	03630	ULTRASOUND	0.199879	15,809	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.152585	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.126327	53,042	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.141441	30,511	58.00
60.00	06000	LABORATORY	0.370954	192,975	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.477324	9,975	63.00
64.00	06400	INTRAVENOUS THERAPY	0.262031	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.281809	91,022	65.00
65.01	03560	PULMONARY FUNCTION	0.129049	33,935	65.01
66.00	06600	PHYSICAL THERAPY	0.461789	717,022	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.418875	721,871	67.00
68.00	06800	SPEECH PATHOLOGY	0.580059	194,161	68.00
69.00	06900	ELECTROCARDIOLOGY	0.167296	5,726	69.00
69.01	03140	CARDIOLOGY	0.228610	9,770	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.281243	8,292	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.337213	221,618	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.751664	1,575	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225008	387,083	73.00
74.00	07400	RENAL DIALYSIS	1.184627	24,150	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.160212	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.772273	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.294388	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.264541	9,909	90.00
91.00	09100	EMERGENCY	0.340304	0	91.00
92.00	09200	OBSERVATION BEDS	0.780722	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,770,978	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		2,770,978	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/19/2014 2:34 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)		12,342,394	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		3,558,348	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)		379,643	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		95.02	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)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<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)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.89	30.00
31.00	Percentage of Medicaid patient days (see instructions)		12.91	31.00
32.00	Sum of lines 30 and 31		15.80	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.02	33.00
34.00	Disproportionate share adjustment (see instructions)		399,606	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/19/2014 2:34 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)			621,058	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			156,541	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		156,541		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)		16,836,532		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)		16,836,532		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,273,770		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		18,110,302		59.00
60.00	Primary payer payments		23,987		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,086,315		61.00
62.00	Deductibles billed to program beneficiaries		2,038,120		62.00
63.00	Coinurance billed to program beneficiaries		21,608		63.00
64.00	Allowable bad debts (see instructions)		52,973		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		34,432		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		19,853		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,061,019		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 PS&R		-2,712		70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			-576	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0	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: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/19/2014 2:34 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)		16,057,731		71.00
71.01	Sequestration adjustment (see instructions)		242,472		71.01
72.00	Interim payments		15,798,808		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		16,451		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		266,832		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 DSH PAYMENT PERCENTAGE		Provider CCN: 160117		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/19/2014 2:34 pm	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	2.89	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	12.91	0.00			12.91	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	15.80	0.00			12.91	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	95.02	0.00			95.02	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	3.02	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				No	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.59	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,728	0			1,728	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	422	0			422	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	44	0			44	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	45	0			45	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	73	0			73	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	2,312	0			2,312	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	17,404	0			17,404	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	252	0			252	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	247	0			247	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	17,903	0			17,903	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	12.91	0.00			12.91	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 160117		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH Date/Time Prepared: 5/19/2014 2:34 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	3.02		0.00	True	29.00
30.00	Line 28 or 29 as applicable		3.02		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 5/19/2014 2:34 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	3.86		29.00
30.00	Line 28 or 29 as applicable	3.86		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 160117

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/19/2014 2:34 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	12,342,394	0	12,342,394	0	12,342,394	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	3,558,348	0	0	3,558,348	3,558,348	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	379,643	0	354,647	24,997	379,644	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0302	0.0302	0.0302	0.0302		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	399,606	0	372,740	26,866	399,606	11.00
11.01	Uncompensated care payments	36.00	156,541	0	0	156,541	156,541	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	16,836,532	0	13,069,780	3,766,752	16,836,532	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	16,836,532	0	13,069,780	3,766,752	16,836,532	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	1,273,770	0	991,565	282,205	1,273,770	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	14,061,345	4,048,957	18,110,302	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 160117

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/19/2014 2:34 pm

		Title XVIII		Hospital		PPS		
	W/S L, line	(Amounts from L)						
	0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	1,248,203	0	967,430	280,773	1,248,203	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	25,567	0	24,135	1,432	25,567	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	1,273,770	0	991,565	282,205	1,273,770	26.00
	W/S E, Part A line	(Amounts to E, Part A)						
	0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor			0.000000	0.000000			27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96		0			0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/19/2014 2:34 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		15,440	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,795,628	2.00
3.00	PPS payments		11,224,963	3.00
4.00	Outlier payment (see instructions)		183,495	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,440	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		55,584	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)		55,584	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)		55,584	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		40,144	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)		15,440	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)		11,408,458	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		855	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,674,863	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)		8,748,180	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		8,748,180	30.00
31.00	Primary payer payments		2,276	31.00
32.00	Subtotal (line 30 minus line 31)		8,745,904	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)		59,505	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		38,678	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		35,158	36.00
37.00	Subtotal (see instructions)		8,784,582	37.00
38.00	MSP-LCC reconciliation amount from PS&R		123	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)		8,784,459	40.00
40.01	Sequestration adjustment (see instructions)		132,645	40.01
41.00	Interim payments		8,652,696	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-882	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
			Overrides	
			1.00	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/19/2014 2:34 pm
		Component CCN: 16S117	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		715	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		166	2.00
3.00	PPS payments		342	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		715	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		3,176	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)		3,176	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)		3,176	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,461	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)		715	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)		342	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		1,057	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,057	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,057	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,057	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,057	40.00
40.01	Sequestration adjustment (see instructions)		16	40.01
41.00	Interim payments		958	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		83	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
		Overrides		
		1.00		
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160117

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/19/2014 2:33 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		15,798,808		8,652,696	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)		15,798,808		8,652,696	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		16,451		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		882	6.02	
7.00	Total Medicare program liability (see instructions)		15,815,259		8,651,814	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: 160117  
Component CCN: 16S117

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/19/2014 2:34 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					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		1,171,355		958	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)		1,171,355		958	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		743		83	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,172,098		1,041	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: 160117  
Component CCN: 16T117

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/19/2014 2:34 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,651,648		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)		2,651,648		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		5,835		0	6.02
7.00	Total Medicare program liability (see instructions)		2,645,813		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: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/19/2014 2:34 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			4,389 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			10,402 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			459 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			15,753 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			235,296,612 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			1,003,711 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)			1,833,475 8.00
9.00	Sequestration adjustment amount (see instructions)			36,670 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,796,805 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,680,220 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)			116,585 32.00
				<b>Overrides</b>
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/19/2014 2:34 pm
		Component CCN: 16S117	Title XVIII	Subprovider - IPF PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,262,188	1.00
2.00	Net IPF PPS Outlier Payments		32,932	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)		5.219178	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)		1,295,120	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)		1,295,120	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,295,120	18.00
19.00	Deductibles		88,772	19.00
20.00	Subtotal (line 18 minus line 19)		1,206,348	20.00
21.00	Coinsurance		16,280	21.00
22.00	Subtotal (line 20 minus line 21)		1,190,068	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,190,068	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)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,190,068	31.00
31.01	Sequestration adjustment (see instructions)		17,970	31.01
32.00	Interim payments		1,171,355	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		743	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		32,932	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: 160117 Component CCN: 16T117	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/19/2014 2:34 pm
		Title XVIIII	Subprovider - IRF	PPS
		Prior to 10/01	On/After 10/01	
		1.00	1.01	
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)	1,718,699	794,675	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0059		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	40,733	12,953	3.00
4.00	Outlier Payments	166,120		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)	7.180822		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	2,733,180		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0		16.00
17.00	Subtotal (see instructions)	2,733,180		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	2,733,180		19.00
20.00	Deductibles	40,228		20.00
21.00	Subtotal (line 19 minus line 20)	2,692,952		21.00
22.00	Coinsurance	7,992		22.00
23.00	Subtotal (line 21 minus line 22)	2,684,960		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	2,180		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	1,417		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)	2,686,377		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	0		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	2,686,377		32.00
32.01	Sequestration adjustment (see instructions)	40,564		32.01
33.00	Interim payments	2,651,648		33.00
34.00	Tentative settlement (for contractor use only)	0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	-5,835		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	54,176		36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	166,120		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

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

Provider CCN: 160117

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

Worksheet G

Date/Time Prepared:  
5/19/2014 2:34 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	7,226,831	0	0	0	1.00
2.00	Temporary investments	1,496,318	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	33,572,095	0	0	0	4.00
5.00	Other receivable	2,347,258	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-19,413,274	0	0	0	6.00
7.00	Inventory	2,520,809	0	0	0	7.00
8.00	Prepaid expenses	462,030	0	0	0	8.00
9.00	Other current assets	316,996	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)	28,529,063	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	3,832,699	0	0	0	12.00
13.00	Land improvements	6,245,016	0	0	0	13.00
14.00	Accumulated depreciation	-5,077,598	0	0	0	14.00
15.00	Buildings	66,078,335	0	0	0	15.00
16.00	Accumulated depreciation	-38,995,832	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	42,779,161	0	0	0	23.00
24.00	Accumulated depreciation	-30,749,521	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	3,900,311	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	48,012,571	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	74,334,036	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	6,595,836	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	80,929,872	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	157,471,506	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,377,934	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,569,210	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,507,084	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,454,228	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,674,248	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,674,248	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	20,128,476	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	137,343,030				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)	137,343,030	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	157,471,506	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160117

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

Worksheet G-1

Date/Time Prepared:  
5/19/2014 2:34 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		122,966,233		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		14,769,077			2.00
3.00	Total (sum of line 1 and line 2)		137,735,310		0	3.00
4.00	FHF PERM RESTR NA-CURRENT YR	39,806		0		4.00
5.00	UNRESTRICTED FUND BALANCE	1,636,364		0		5.00
6.00	FHF TEMP RESTR NA-CURRENT YR	1,270,600		0		6.00
7.00	NET ASSETS REL RESTR - CAP	22,953		0		7.00
8.00	CONTRIBUTIONS	214,507		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		3,184,230		0	10.00
11.00	Subtotal (line 3 plus line 10)		140,919,540		0	11.00
12.00	FUND BALANCE - IT CAPITAL ASSESS	2,482,692		0		12.00
13.00	FUND BALANCE - EST UNHEADED INT	293,553		0		13.00
14.00	FUND BALANCE - BRANDING	549,680		0		14.00
15.00	FUND BALANCE - CASH ASSESSMENT	153,069		0		15.00
16.00	FUND BALANCE HCF	12,624		0		16.00
17.00	NET ASSETS RELEASE - OPERATION	84,892		0		17.00
18.00	Total deductions (sum of lines 12-17)		3,576,510		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		137,343,030		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	FHF PERM RESTR NA-CURRENT YR		0			4.00
5.00	UNRESTRICTED FUND BALANCE		0			5.00
6.00	FHF TEMP RESTR NA-CURRENT YR		0			6.00
7.00	NET ASSETS REL RESTR - CAP		0			7.00
8.00	CONTRIBUTIONS		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	FUND BALANCE - IT CAPITAL ASSESS		0			12.00
13.00	FUND BALANCE - EST UNHEADED INT		0			13.00
14.00	FUND BALANCE - BRANDING		0			14.00
15.00	FUND BALANCE - CASH ASSESSMENT		0			15.00
16.00	FUND BALANCE HCF		0			16.00
17.00	NET ASSETS RELEASE - OPERATION		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: 160117

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/19/2014 2:34 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	15,939,460		15,939,460	1.00
2.00	SUBPROVIDER - IPF	3,278,517		3,278,517	2.00
3.00	SUBPROVIDER - IRF	4,073,967		4,073,967	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				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	23,291,944		23,291,944	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,708,704		3,708,704	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
13.01	NURSING ADMINISTRATION	0		0	13.01
13.02	GEROPYSCH REVENUE	0		0	13.02
13.03	OPERATING ROOM REVENUE	0		0	13.03
13.04	LABOR & DELIVERY REVENUE	0		0	13.04
13.05	RADIOLOGY - THER REVENUE	0		0	13.05
13.06	PT REVENUE	0		0	13.06
13.07	CARDIAC REHAB REVENUE	0		0	13.07
13.08	HHA REVENUE	0		0	13.08
13.09	OPERATION OF PLANT REVENUE	0		0	13.09
13.10	CLINIC REVENUE	0		0	13.10
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,708,704		3,708,704	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	27,000,648		27,000,648	17.00
18.00	Ancillary services	73,553,889	134,242,206	207,796,095	18.00
19.00	Outpatient services	0	1,662,657	1,662,657	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		2,969,625	2,969,625	22.00
23.00	AMBULANCE SERVICES	20,547	26,699	47,246	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY) PHYSICIANS	0	14,663,302	14,663,302	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	100,575,084	153,564,489	254,139,573	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		83,692,209		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		83,692,209		43.00



STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 160117

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

Worksheet G-3

Date/Time Prepared:  
5/19/2014 2:34 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	254,139,573	1.00
2.00	Less contractual allowances and discounts on patients' accounts	159,144,404	2.00
3.00	Net patient revenues (line 1 minus line 2)	94,995,169	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	83,692,209	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,302,960	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	9,976,529	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	759,740	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	478,440	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	75,092	21.00
22.00	Rental of hospital space	385,905	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER (SPECIFY) - GRANTS	76,357	24.01
24.02	OTHER (SPECIFY) - MEANINGFUL USE	2,247,719	24.02
24.03	OTHER (SPECIFY) - MISCELLANEOUS	784,099	24.03
25.00	Total other income (sum of lines 6-24)	14,783,881	25.00
26.00	Total (line 5 plus line 25)	26,086,841	26.00
27.00	OTHER- FINLEY TRI-STATES-NET	11,317,764	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	11,317,764	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	14,769,077	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 160117

Period: From 01/01/2013

Worksheet H

HHA CCN: 167002

To 12/31/2013

Date/Time Prepared: 5/19/2014 2:34 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		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	363,477	65,172	0	-2,225	666,806	1,093,230	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	775,668	162,628	44,652	47	55,920	1,038,915	6.00
7.00	299,365	51,893	21,351	0	10,664	383,273	7.00
8.00	88,911	15,442	5,675	0	117	110,145	8.00
9.00	2,867	515	314	0	545	4,241	9.00
10.00	8,137	2,019	500	0	0	10,656	10.00
11.00	73,515	20,308	9,171	104	6,008	109,106	11.00
12.00	0	0	0	0	2,667	2,667	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	1,611,940	317,977	81,663	-2,074	742,727	2,752,233	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	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-378,942	714,288	-233,539	480,749			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	1,038,915	0	1,038,915			6.00
7.00	0	383,273	0	383,273			7.00
8.00	0	110,145	0	110,145			8.00
9.00	0	4,241	0	4,241			9.00
10.00	0	10,656	0	10,656			10.00
11.00	0	109,106	0	109,106			11.00
12.00	0	2,667	0	2,667			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	-378,942	2,373,291	-233,539	2,139,752			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: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part I Date/Time Prepared: 5/19/2014 2:34 pm
		HHA CCN: 167002	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					3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	480,749	0	0	0	480,749	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	1,038,915	0	0	0	1,038,915	6.00	
7.00	Physical Therapy	383,273	0	0	0	383,273	7.00	
8.00	Occupational Therapy	110,145	0	0	0	110,145	8.00	
9.00	Speech Pathology	4,241	0	0	0	4,241	9.00	
10.00	Medical Social Services	10,656	0	0	0	10,656	10.00	
11.00	Home Health Aide	109,106	0	0	0	109,106	11.00	
12.00	Supplies (see instructions)	2,667	0	0	0	2,667	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)	2,139,752	0	0	0	2,139,752	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	480,749					5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	301,058	1,339,973				6.00	
7.00	Physical Therapy	111,066	494,339				7.00	
8.00	Occupational Therapy	31,918	142,063				8.00	
9.00	Speech Pathology	1,229	5,470				9.00	
10.00	Medical Social Services	3,088	13,744				10.00	
11.00	Home Health Aide	31,617	140,723				11.00	
12.00	Supplies (see instructions)	773	3,440				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)		2,139,752				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 160117

Period: From 01/01/2013

Worksheet H-1

HHA CCN: 167002

To 12/31/2013

Part II  
Date/Time Prepared:  
5/19/2014 2:34 pm

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	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		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-480,749	1,659,003
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	1,038,915
7.00	Physical Therapy	0	0	0	0	0	383,273
8.00	Occupational Therapy	0	0	0	0	0	110,145
9.00	Speech Pathology	0	0	0	0	0	4,241
10.00	Medical Social Services	0	0	0	0	0	10,656
11.00	Home Health Aide	0	0	0	0	0	109,106
12.00	Supplies (see instructions)	0	0	0	0	0	2,667
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	0	0	0	-480,749	1,659,003
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		480,749
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.289782

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160117

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

Worksheet H-2 Part I

HHA CCN: 167002

Date/Time Prepared: 5/19/2014 2:34 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	55,963	0	11,547	67,510	12,517	1.00
2.00 Skilled Nursing Care	1,339,973	0	0	24,641	1,364,614	253,010	2.00
3.00 Physical Therapy	494,339	0	0	9,510	503,849	93,418	3.00
4.00 Occupational Therapy	142,063	0	0	2,824	144,887	26,863	4.00
5.00 Speech Pathology	5,470	0	0	91	5,561	1,031	5.00
6.00 Medical Social Services	13,744	0	0	258	14,002	2,596	6.00
7.00 Home Health Aide	140,723	0	0	2,335	143,058	26,524	7.00
8.00 Supplies (see instructions)	3,440	0	0	0	3,440	638	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)	2,139,752	55,963	0	51,206	2,246,921	416,597	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
Cost Center Description	REHAB ADMINISTRATIVE	RADIOLOGY ADMINISTRATIVE	Subtotal	OCCUPATIONAL HEALTH ADMINISTRATIVE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.02	5.03	5A.03	5.04	5A.04	5.05	
1.00 Administrative and General	197,660	0	277,687	637	278,324	297	1.00
2.00 Skilled Nursing Care	0	0	1,617,624	3,709	1,621,333	1,730	2.00
3.00 Physical Therapy	0	0	597,267	1,370	598,637	639	3.00
4.00 Occupational Therapy	0	0	171,750	394	172,144	184	4.00
5.00 Speech Pathology	0	0	6,592	15	6,607	7	5.00
6.00 Medical Social Services	0	0	16,598	38	16,636	18	6.00
7.00 Home Health Aide	0	0	169,582	389	169,971	181	7.00
8.00 Supplies (see instructions)	0	0	4,078	9	4,087	4	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)	197,660	0	2,861,178	6,561	2,867,739	3,060	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		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: 160117

Period:

Worksheet H-2

HHA CCN: 167002

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

Part I  
Date/Time Prepared:  
5/19/2014 2:34 pm

Home Health  
Agency I

PPS

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	61,453	0	38,394	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)	0	61,453	0	38,394	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.01	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	72,904	0	0	4,533	0	16,942	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)	72,904	0	0	4,533	0	16,942	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: 160117

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 167002

To 12/31/2013

Part I  
Date/Time Prepared:  
5/19/2014 2:34 pm

Home Health Agency I

PPS

Cost Center Description	SOCIAL SERVICE 17.00	NONPHYSICIAN ANESTHETISTS 19.00	NURSING SCHOOL 20.00	INTERNS & RESIDENTS		PARAMED ED PRGM 23.00	
				SRVCES-SALARY & FRINGES 21.00	SRVCES-OTHER PRGM COSTS 22.00		
1.00 Administrative and General	0	0	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) (2)	0	0	0	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
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	472,847	0	472,847				1.00
2.00 Skilled Nursing Care	1,623,063	0	1,623,063	296,068	1,919,131		2.00
3.00 Physical Therapy	599,276	0	599,276	109,316	708,592		3.00
4.00 Occupational Therapy	172,328	0	172,328	31,435	203,763		4.00
5.00 Speech Pathology	6,614	0	6,614	1,206	7,820		5.00
6.00 Medical Social Services	16,654	0	16,654	3,038	19,692		6.00
7.00 Home Health Aide	170,152	0	170,152	31,038	201,190		7.00
8.00 Supplies (see instructions)	4,091	0	4,091	746	4,837		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	3,065,025	0	3,065,025	472,847	3,065,025		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.				0.182413			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: 160117

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 167002

To 12/31/2013

Part II  
Date/Time Prepared: 5/19/2014 2:34 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	REHAB ADMINISTRATION (DOLLAR VALUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	5,016	0	363,476	0	67,510	2,752,333	1.00
2.00 Skilled Nursing Care	0	0	775,668	0	1,364,614	0	2.00
3.00 Physical Therapy	0	0	299,365	0	503,849	0	3.00
4.00 Occupational Therapy	0	0	88,911	0	144,887	0	4.00
5.00 Speech Pathology	0	0	2,867	0	5,561	0	5.00
6.00 Medical Social Services	0	0	8,137	0	14,002	0	6.00
7.00 Home Health Aide	0	0	73,516	0	143,058	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	3,440	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)	5,016	0	1,611,940		2,246,921	2,752,333	20.00
21.00 Total cost to be allocated	55,963	0	51,206		416,597	197,660	21.00
22.00 Unit cost multiplier	11.156898	0.000000	0.031767		0.185408	0.071815	22.00
Cost Center Description	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	Reconciliation	OCCUPATIONAL HEALTH ADMINISTRATION (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATION AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	5.03	5A.04	5.04	5A.05	5.05	6.00	
1.00 Administrative and General	0	0	277,687	0	278,324	0	1.00
2.00 Skilled Nursing Care	0	0	1,617,624	0	1,621,333	0	2.00
3.00 Physical Therapy	0	0	597,267	0	598,637	0	3.00
4.00 Occupational Therapy	0	0	171,750	0	172,144	0	4.00
5.00 Speech Pathology	0	0	6,592	0	6,607	0	5.00
6.00 Medical Social Services	0	0	16,598	0	16,636	0	6.00
7.00 Home Health Aide	0	0	169,582	0	169,971	0	7.00
8.00 Supplies (see instructions)	0	0	4,078	0	4,087	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	2,861,178		2,867,739	0	20.00
21.00 Total cost to be allocated	0	0	6,561		3,060	0	21.00
22.00 Unit cost multiplier	0.000000		0.002293		0.001067	0.000000	22.00



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 160117 HHA CCN: 167002	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part II Date/Time Prepared: 5/19/2014 2:34 pm
			Home Health Agency I	PPS

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	11.01	
1.00	Administrative and General	5,016	0	5,016	0	0	53,426	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)	5,016	0	5,016	0	0	53,426	20.00
21.00	Total cost to be allocated	61,453	0	38,394	0	0	72,904	21.00
22.00	Unit cost multiplier	12.251396	0.000000	7.654306	0.000000	0.000000	1.364579	22.00
Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	25,310	0	2,969,625	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)	0	0	25,310	0	2,969,625	0	20.00
21.00	Total cost to be allocated	0	0	4,533	0	16,942	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.179099	0.000000	0.005705	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 160117  
HHA CCN: 167002

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/19/2014 2:34 pm  
PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/19/2014 2:34 pm			
				HHA CCN: 167002	Title XVIII		Home Health Agency I		
						PPS			
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (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	1,919,131		1,919,131	11,045	173.76	1.00	
2.00	Physical Therapy	3.00	708,592	0	708,592	3,548	199.72	2.00	
3.00	Occupational Therapy	4.00	203,763	0	203,763	958	212.70	3.00	
4.00	Speech Pathology	5.00	7,820	0	7,820	35	223.43	4.00	
5.00	Medical Social Services	6.00	19,692		19,692	120	164.10	5.00	
6.00	Home Health Aide	7.00	201,190		201,190	3,919	51.34	6.00	
7.00	Total (sum of lines 1-6)		3,060,188	0	3,060,188	19,625		7.00	
				Program Visits					
				Part B					
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles			
				0	1.00	2.00	3.00	4.00	5.00
Limitation Cost Computation									
8.00	Skilled Nursing Care		20220	2,876	2,495			8.00	
8.01	Skilled Nursing Care		31540	10	0			8.01	
8.02	Skilled Nursing Care		99914	218	181			8.02	
8.03	Skilled Nursing Care		99916	228	175			8.03	
8.04	Skilled Nursing Care		99952	225	205			8.04	
9.00	Physical Therapy		20220	1,049	1,131			9.00	
9.01	Physical Therapy		31540	0	0			9.01	
9.02	Physical Therapy		99914	66	162			9.02	
9.03	Physical Therapy		99916	83	50			9.03	
9.04	Physical Therapy		99952	103	64			9.04	
10.00	Occupational Therapy		20220	363	355			10.00	
10.01	Occupational Therapy		31540	0	0			10.01	
10.02	Occupational Therapy		99914	8	22			10.02	
10.03	Occupational Therapy		99916	24	21			10.03	
10.04	Occupational Therapy		99952	20	18			10.04	
11.00	Speech Pathology		20220	4	9			11.00	
11.01	Speech Pathology		31540	0	0			11.01	
11.02	Speech Pathology		99914	0	0			11.02	
11.03	Speech Pathology		99916	0	4			11.03	
11.04	Speech Pathology		99952	1	0			11.04	
12.00	Medical Social Services		20220	41	30			12.00	
12.01	Medical Social Services		31540	0	0			12.01	
12.02	Medical Social Services		99914	0	1			12.02	
12.03	Medical Social Services		99916	5	2			12.03	
12.04	Medical Social Services		99952	0	0			12.04	
13.00	Home Health Aide		20220	195	224			13.00	
13.01	Home Health Aide		31540	0	0			13.01	
13.02	Home Health Aide		99914	0	0			13.02	
13.03	Home Health Aide		99916	5	10			13.03	
13.04	Home Health Aide		99952	0	0			13.04	
14.00	Total (sum of lines 8-13)			5,524	5,159			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	4,837	0	4,837	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 160117 HHA CCN: 167002	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/19/2014 2:34 pm
		Title XVIIII	Home Health Agency I	PPS

Cost Center Description	Program Visits			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		Not Subject to Deductibles & Coi nsurance		Subject to Deductibles & Coi nsurance
	6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	3,557	3,056		618,064	531,011	1.00
2.00	Physical Therapy	1,301	1,407		259,836	281,006	2.00
3.00	Occupational Therapy	415	416		88,271	88,483	3.00
4.00	Speech Pathology	5	13		1,117	2,905	4.00
5.00	Medical Social Services	46	33		7,549	5,415	5.00
6.00	Home Health Aide	200	234		10,268	12,014	6.00
7.00	Total (sum of lines 1-6)	5,524	5,159		985,105	920,834	7.00
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
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
14.00	Total (sum of lines 8-13)						14.00
Program Covered Charges							
Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		Not Subject to Deductibles & Coi nsurance		Subject to Deductibles & Coi nsurance
	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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 160117 HHA CCN: 167002	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/19/2014 2:34 pm
		Title XVII I	Home Health Agency I	PPS

Cost Center Description		Total Program Cost (sum of col.s. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	1,149,075		1.00
2.00	Physical Therapy	540,842		2.00
3.00	Occupational Therapy	176,754		3.00
4.00	Speech Pathology	4,022		4.00
5.00	Medical Social Services	12,964		5.00
6.00	Home Health Aide	22,282		6.00
7.00	Total (sum of lines 1-6)	1,905,939		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
8.04	Skilled Nursing Care			8.04
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
9.04	Physical Therapy			9.04
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
10.04	Occupational Therapy			10.04
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
11.04	Speech Pathology			11.04
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
12.04	Medical Social Services			12.04
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 160117 HHA CCN: 167002	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part II Date/Time Prepared: 5/19/2014 2:34 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.461789	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.418875	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.580059	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.337213	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.225008	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 160117 HHA CCN: 167002	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 5/19/2014 2:34 pm
		Title XVIII	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	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	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		925,809	911,288
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		6,581	15,379
14.00	Total PPS Reimbursement - PEP Episodes		19,568	6,960
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		92	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		952,050	933,627
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		952,050	933,627
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		952,050	933,627
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		952,050	933,627
30.00	OTHER ADJUSTMENTS FROM PS&R		0	102
31.00	Subtotal (line 29 plus/minus line 30)		952,050	933,729
31.01	Sequestration adjustment (see instructions)		13,471	15,286
32.00	Interim payments (see instructions)		938,580	918,443
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		-1	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: 160117	Period: From 01/01/2013	Worksheet H-5
	HHA CCN: 167002	To 12/31/2013	Date/Time Prepared: 5/19/2014 2:34 pm
		Home Health Agency I	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		938,580		918,443	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		938,580		918,443	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		1		0	6.02
7.00	Total Medicare program liability (see instructions)		938,579		918,443	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: 160117	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/19/2014 2:34 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		1,248,203	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		25,567	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)		43.84	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,273,770	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