

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: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet S Parts I-III Date/Time Prepared: 1/31/2014 9:36 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 1/31/2014 Time: 9:36 am	
	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 BAPTIST HEALTH PADUCAH (180104) for the cost reporting period beginning 09/01/2012 and ending 08/31/2013 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			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	394,364	83,584	-173,395	1,325,871	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	-130	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	394,234	83,584	-173,395	1,325,871	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: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet S-2 Part I Date/Time Prepared: 1/31/2014 9:35 am
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	1.00	2.00	3.00	4.00					
	Hospital and Hospital Health Care Complex Address:								
1.00	Street: 2501 KENTUCKY AVENUE		PO Box:						1.00
2.00	City: PADUCAH		State: KY		Zip Code: 42003-		County: MCCracken		2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	

Hospital and Hospital -Based Component Identification:										
3.00	Hospital	BAPTIST HEALTH PADUCAH	180104	99918	1	01/04/1966	N	P	T	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital -Based SNF	BAPTIST HEALTH TCU	185416	99918		11/22/1995	N	P	N	9.00
10.00	Hospital -Based NF									10.00
11.00	Hospital -Based OLTC									11.00
12.00	Hospital -Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital -Based Hospice									14.00
15.00	Hospital -Based Health Clinic - RHC									15.00
16.00	Hospital -Based Health Clinic - FQHC									16.00
17.00	Hospital -Based (CMHC) I									17.00
17.10	Hospital -Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	09/01/2012	08/31/2013	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
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.	2	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	717	224	454	384	8,161	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

		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.		2	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.		2	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

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		Beginning: 1.00	Ending: 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 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.					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 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 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

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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		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	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
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
		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.		Y		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	266,500	481,272		
		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	
121.00	Did this facility incur and report costs for 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	
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	18H001		

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BAPTIST HEALTHCARE SYSTEM	Contractor's Name: CIGNA		Contractor's Number: 15101			
142.00	Street: 2701 EASTPOINT PARKWAY	PO Box:					
143.00	City: LOUISVILLE	State: KY	Zip Code: 40223				
					1.00		
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				N	145.00	
					1.00		
					2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
					1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
					1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75	169.00	
					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)			10/01/2012	09/30/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet S-2 Part II Date/Time Prepared: 1/31/2014 9:35 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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	12/13/2013	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

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BETH		WHEELER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BAPTIST HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-896-5036		BWHEELER@BHSI.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	12/13/2013	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	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part I
Date/Time Prepared:
1/31/2014 9:35 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	239	87,235	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)		239	87,235	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		271	98,915	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	24	8,760		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				0	23.00
24.00 HOSPICE	116.00	0	0		0	24.00
24.10 HOSPICE (non-distinct part)	30.00				0	24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		295			0	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)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part I
Date/Time Prepared:
1/31/2014 9:35 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	23,555	537	45,177			1.00
2.00 HMO and other (see instructions)	3,764	8,886				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	23,555	537	45,177			7.00
8.00 INTENSIVE CARE UNIT	2,371	93	4,142			8.00
9.00 CORONARY CARE UNIT	2,150	44	3,500			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		43	5,282			13.00
14.00 Total (see instructions)	28,076	717	58,101	0.00	1,521.05	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	4,705	0	5,857	0.00	30.57	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE		0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,551.62	27.00
28.00 Observation Bed Days		0	3,422			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		337	557			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part I
Date/Time Prepared:
1/31/2014 9:35 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,627	2,552	12,509	1.00
2.00 HMO and other (see instructions)			683			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,627	2,552	12,509	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part II
Date/Time Prepared:
1/31/2014 9:35 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	73,942,021	243,094	74,185,115	3,236,279.00	22.92
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	1,367,106	0	1,367,106	63,756.00	21.44
10.00	Excluded area salaries (see instructions)		586,354	1,028,058	1,614,412	113,052.00	14.28
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		177,714	0	177,714	2,332.00	76.21
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		475,035	0	475,035	2,702.00	175.81
14.00	Home office salaries & wage-related costs		10,403,383	0	10,403,383	164,599.00	63.20
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,010,709	0	20,010,709		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		837,911	0	837,911		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,271,650	-754,752	516,898	82,543.00	6.26
27.00	Administrative & General	5.00	7,424,041	-30,212	7,393,829	329,837.00	22.42
28.00	Administrative & General under contract (see inst.)		1,500	0	1,500	10.00	150.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,608,169	0	1,608,169	75,621.00	21.27
31.00	Laundry & Linen Service	8.00	398,073	0	398,073	32,091.00	12.40
32.00	Housekeeping	9.00	1,561,495	0	1,561,495	127,089.00	12.29
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	887,385	0	887,385	60,907.00	14.57
35.00	Dietary under contract (see instructions)		246,616	0	246,616	5,416.00	45.53
36.00	Cafeteria	11.00	873,784	0	873,784	71,941.00	12.15
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,825,191	0	1,825,191	62,095.00	29.39
39.00	Central Services and Supply	14.00	715,681	0	715,681	52,350.00	13.67
40.00	Pharmacy	15.00	3,420,378	0	3,420,378	83,985.00	40.73
41.00	Medical Records & Medical Records Library	16.00	1,092,535	0	1,092,535	63,213.00	17.28

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part II
Date/Time Prepared:
1/31/2014 9:35 am

		Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	1,801,882	0	1,801,882	67,263.00	26.79	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part III
Date/Time Prepared:
1/31/2014 9:35 am

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	74,190,137	243,094	74,433,231	3,241,705.00	22.96	1.00
2.00	Excluded area salaries (see instructions)	1,953,460	1,028,058	2,981,518	176,808.00	16.86	2.00
3.00	Subtotal salaries (line 1 minus line 2)	72,236,677	-784,964	71,451,713	3,064,897.00	23.31	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,056,132	0	11,056,132	169,633.00	65.18	4.00
5.00	Subtotal wage-related costs (see inst.)	20,010,709	0	20,010,709	0.00	28.01	5.00
6.00	Total (sum of lines 3 thru 5)	103,303,518	-784,964	102,518,554	3,234,530.00	31.70	6.00
7.00	Total overhead cost (see instructions)	23,128,380	-784,964	22,343,416	1,114,361.00	20.05	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 1/31/2014 9:35 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,054,990 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			2,025,700 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			14,573 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			11,502,420 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			107,538 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)			159,320 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			532,344 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			5,164,437 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			70,052 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			217,246 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			20,848,620 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-3
Part V
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	177,714	20,848,620	1.00
2.00	Hospital	177,714	20,010,709	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	384,205	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC	0	0	10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	453,706	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-7

Date/Time Prepared:
1/31/2014 9:35 am

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	14	0	14 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	2	0	2 5.00
6.00		RVL	25	0	25 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	24	0	24 8.00
9.00		RMX	16	0	16 9.00
10.00		RML	7	0	7 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	11	0	11 13.00
14.00		RUA	11	0	11 14.00
15.00		RVC	81	0	81 15.00
16.00		RVB	101	0	101 16.00
17.00		RVA	490	0	490 17.00
18.00		RHC	63	0	63 18.00
19.00		RHB	144	0	144 19.00
20.00		RHA	1,903	0	1,903 20.00
21.00		RMC	89	0	89 21.00
22.00		RMB	117	0	117 22.00
23.00		RMA	901	0	901 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	72	0	72 27.00
28.00		ES1	5	0	5 28.00
29.00		HE2	3	0	3 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	16	0	16 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	36	0	36 34.00
35.00		HB2	29	0	29 35.00
36.00		HB1	138	0	138 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	1	0	1 38.00
39.00		LD2	12	0	12 39.00
40.00		LD1	4	0	4 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	40	0	40 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	20	0	20 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	1	0	1 46.00
47.00		CD2	1	0	1 47.00
48.00		CD1	2	0	2 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	71	0	71 50.00
51.00		CB2	9	0	9 51.00
52.00		CB1	37	0	37 52.00
53.00		CA2	15	0	15 53.00
54.00		CA1	172	0	172 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet S-7

Date/Time Prepared:
1/31/2014 9:35 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	10	0	10	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	12	0	12	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,705	0	4,705	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	99918	99918	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	1,367,106	43.71	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	1,109	0.04	N	205.00
206.00	OTHER (SPECIFY)	83,000	2.65	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	3,127,638			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet S-10 Date/Time Prepared: 1/31/2014 9:36 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.260494		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		13,383,206		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		91,534,870		6.00
7.00	Medicaid cost (line 1 times line 6)		23,844,284		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)		10,461,078		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		10,461,078		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	27,408,985	4,021,511	31,430,496	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	7,139,876	1,047,579	8,187,455	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	7,139,876	1,047,579	8,187,455	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)		9,207,429		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		748,174		27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)		8,459,255		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,203,585		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		10,391,040		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		20,852,118		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet A Date/Time Prepared: 1/31/2014 9:35 am			
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		16,508,954		16,508,954	-9,373,942	7,135,012	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0		0	9,373,942	9,373,942	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,271,650	20,915,426	22,187,076		-997,846	21,189,230	4.00
5.01	00510	COMMUNICATIONS	142,068	474	142,542		183,166	325,708	5.01
5.02	00511	INFORMATION SERVICES	575,525	114,234	689,759		0	689,759	5.02
5.03	00512	PURCH, REC, & STORES	268,952	266,245	535,197		0	535,197	5.03
5.04	00513	PATIENT REGISTRATION	1,168,832	114,279	1,283,111		0	1,283,111	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,268,664	32,386,773	37,655,437		-1,461,491	36,193,946	5.06
7.00	00700	OPERATION OF PLANT	1,608,169	5,682,710	7,290,879		0	7,290,879	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	398,073	151,793	549,866		0	549,866	8.00
9.00	00900	HOUSEKEEPING	1,561,495	348,235	1,909,730		0	1,909,730	9.00
10.00	01000	DIETARY	887,385	560,927	1,448,312		0	1,448,312	10.00
11.00	01100	CAFETERIA	873,784	1,365,017	2,238,801		0	2,238,801	11.00
13.00	01300	NURSING ADMINISTRATION	1,825,191	286,223	2,111,414		0	2,111,414	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	715,681	30,878,120	31,593,801		-27,550,921	4,042,880	14.00
15.00	01500	PHARMACY	3,420,378	15,430,138	18,850,516		-14,976,920	3,873,596	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,092,535	1,114,212	2,206,747		0	2,206,747	16.00
17.00	01700	SOCIAL SERVICE	1,801,882	984,026	2,785,908		0	2,785,908	17.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	13,470,144	716,684	14,186,828		0	14,186,828	30.00
31.00	03100	INTENSIVE CARE UNIT	2,838,911	130,739	2,969,650		0	2,969,650	31.00
32.00	03200	CORONARY CARE UNIT	2,675,070	102,259	2,777,329		0	2,777,329	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0		0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0		0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0		0	0	42.00
43.00	04300	NURSERY	1,538,232	632,876	2,171,108		0	2,171,108	43.00
44.00	04400	SKILLED NURSING FACILITY	1,367,106	59,048	1,426,154		0	1,426,154	44.00
45.00	04500	NURSING FACILITY	0	0	0		0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,393,576	7,345,921	13,739,497		0	13,739,497	50.00
51.00	05100	RECOVERY ROOM	1,514,521	46,134	1,560,655		0	1,560,655	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,644,157	198,638	1,842,795		0	1,842,795	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,170,853	2,115,626	6,286,479		0	6,286,479	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,157,463	632,639	1,790,102		0	1,790,102	55.00
56.00	05600	RADIOISOTOPE	0	0	0		0	0	56.00
57.00	05700	CT SCAN	507,192	344,949	852,141		0	852,141	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	240,416	271,442	511,858		0	511,858	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,478,159	636,505	2,114,664		0	2,114,664	59.00
60.00	06000	LABORATORY	2,769,274	3,531,670	6,300,944		0	6,300,944	60.00
60.01	06001	PATHOLOGY	554,713	650,453	1,205,166		0	1,205,166	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,183,454	2,183,454		0	2,183,454	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,294,007	253,750	1,547,757		0	1,547,757	65.00
66.00	06600	PHYSICAL THERAPY	1,509,700	98,417	1,608,117		0	1,608,117	66.00
67.00	06700	OCCUPATIONAL THERAPY	346,072	29,735	375,807		0	375,807	67.00
68.00	06800	SPEECH PATHOLOGY	332,462	33,769	366,231		0	366,231	68.00
69.00	06900	ELECTROCARDIOLOGY	1,001,109	196,645	1,197,754		0	1,197,754	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	322,550	15,933	338,483		0	338,483	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		9,807,861	9,807,861	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		17,743,060	17,743,060	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		14,976,920	14,976,920	73.00
74.00	07400	RENAL DIALYSIS	0	0	0		0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		0	0	76.00
76.97	07697	CARDIAC REHABILITATION	191,925	12,774	204,699		0	204,699	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0		0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	0	89.00
90.00	09000	CLINIC	0	0	0		0	0	90.00
91.00	09100	EMERGENCY	3,157,791	304,118	3,461,909		0	3,461,909	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0		0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0		0	0	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet A
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	1,063,730	1,063,730	0	1,063,730	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	73,355,667	148,715,694	222,071,361	-2,276,171	219,795,190	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,224	237,492	299,716	0	299,716	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	524,130	449,229	973,359	6,422	979,781	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	1,514,997	1,514,997	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	754,752	754,752	194.02
200.00		TOTAL (SUM OF LINES 118-199)	73,942,021	149,402,415	223,344,436	0	223,344,436	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet A
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-213,567	6,921,445	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-79,851	9,294,091	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-937,036	20,252,194	4.00
5.01	00510	COMMUNICATIONS	-90,064	235,644	5.01
5.02	00511	INFORMATION SERVICES	10,896,912	11,586,671	5.02
5.03	00512	PURCH, REC, & STORES	0	535,197	5.03
5.04	00513	PATIENT REGISTRATION	0	1,283,111	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-13,928,959	22,264,987	5.06
7.00	00700	OPERATION OF PLANT	0	7,290,879	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	549,866	8.00
9.00	00900	HOUSEKEEPING	0	1,909,730	9.00
10.00	01000	DIETARY	-5,046	1,443,266	10.00
11.00	01100	CAFETERIA	-960,569	1,278,232	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,111,414	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,042,880	14.00
15.00	01500	PHARMACY	-476	3,873,120	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-104,733	2,102,014	16.00
17.00	01700	SOCIAL SERVICE	0	2,785,908	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	14,186,828	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,969,650	31.00
32.00	03200	CORONARY CARE UNIT	0	2,777,329	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-91,878	2,079,230	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,426,154	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,304,426	11,435,071	50.00
51.00	05100	RECOVERY ROOM	0	1,560,655	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,842,795	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,286,479	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,790,102	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	852,141	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	511,858	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,114,664	59.00
60.00	06000	LABORATORY	-20,000	6,280,944	60.00
60.01	06001	PATHOLOGY	0	1,205,166	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,183,454	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-64,649	1,483,108	65.00
66.00	06600	PHYSICAL THERAPY	0	1,608,117	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	375,807	67.00
68.00	06800	SPEECH PATHOLOGY	0	366,231	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,197,754	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	338,483	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-7,796	9,800,065	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,743,060	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,976,920	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	204,699	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-18,000	3,443,909	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet A
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
99.00	09900	CMHC	6.00	7.00	
99.10	09910	CORF	0	0	99.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	101.00
106.00	10600	HEART ACQUISITION	0	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	108.00
110.00	11000	INTESTINAL ACQUISITION	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	110.00
113.00	11300	INTEREST EXPENSE	-1,063,730	0	111.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	114.00
116.00	11600	HOSPICE	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-8,993,868	210,801,322	116.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	299,716	118.00
191.00	19100	RESEARCH	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-182,906	796,875	191.00
193.00	19300	NONPAID WORKERS	0	0	192.00
194.00	07950	NAUTILUS	0	0	193.00
194.01	07951	PR/MARKETING	0	1,514,997	194.00
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	754,752	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-9,176,774	214,167,662	194.02
					200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,976,920	1.00	
	TOTALS		0	14,976,920		
B - CHARGEABLE PATIENT SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	27,550,921	1.00	
	TOTALS		0	27,550,921		
C - TELEPHONE EXPENSE						
1.00	COMMUNICATIONS	5.01	0	183,166	1.00	
	TOTALS		0	183,166		
D - DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	9,373,942	1.00	
	TOTALS		0	9,373,942		
E - PR/MARKETING						
1.00	PR/MARKETING	194.01	266,884	1,248,113	1.00	
	TOTALS		266,884	1,248,113		
F - PTO AND SICK ACCRUALS TO SALARIES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	230,215	0	1.00	
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	6,247	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	6,457	0	3.00	
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	175	0	4.00	
	TOTALS		243,094	0		
G - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	17,743,060	1.00	
	TOTALS		0	17,743,060		
H - NO PAT RELATED DAY CARE SALARIES						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	754,752	0	1.00	
	TOTALS		754,752	0		
500.00	Grand Total: Increases		1,264,730	71,076,122	500.00	

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	14,976,920	0		1.00
	TOTALS		0	14,976,920			
B - CHARGEABLE PATIENT SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	27,550,921	0		1.00
	TOTALS		0	27,550,921			
C - TELEPHONE EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	183,166	0		1.00
	TOTALS		0	183,166			
D - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,373,942	9		1.00
	TOTALS		0	9,373,942			
E - PR/MARKETING							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	266,884	1,248,113	0		1.00
	TOTALS		266,884	1,248,113			
F - PTO AND SICK ACCRUALS TO SALARIES							
1.00	EMPLOYEE BENEFITS	4.00	0	230,215	0		1.00
2.00	EMPLOYEE BENEFITS	4.00	0	6,247	0		2.00
3.00	EMPLOYEE BENEFITS	4.00	0	6,457	0		3.00
4.00	EMPLOYEE BENEFITS	4.00	0	175	0		4.00
	TOTALS		0	243,094			
G - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	17,743,060	0		1.00
	TOTALS		0	17,743,060			
H - NO PAT RELATED DAY CARE SALARIES							
1.00	EMPLOYEE BENEFITS	4.00	754,752	0	0		1.00
	TOTALS		754,752	0			
500.00	Grand Total: Decreases		1,021,636	71,319,216			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-7
Part I
Date/Time Prepared:
1/31/2014 9:35 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,424,055	0	0	0	1.00
2.00	Land Improvements	6,667,172	0	0	1,822	2.00
3.00	Buildings and Fixtures	153,594,696	7,808,814	0	28,742	3.00
4.00	Building Improvements	37,785,037	2,032,483	0	67,968	4.00
5.00	Fixed Equipment	14,170,089	21,225	0	20,590	5.00
6.00	Movable Equipment	117,125,828	6,280,655	0	10,013,732	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	336,766,877	16,143,177	0	10,132,854	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	336,766,877	16,143,177	0	10,132,854	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,424,055	0			1.00
2.00	Land Improvements	6,665,350	0			2.00
3.00	Buildings and Fixtures	161,374,768	0			3.00
4.00	Building Improvements	39,749,552	0			4.00
5.00	Fixed Equipment	14,170,724	0			5.00
6.00	Movable Equipment	113,392,751	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	342,777,200	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	342,777,200	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-7
Part II
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	16,508,954	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,508,954	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	16,508,954				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	16,508,954				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-7
Part III
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	229,384,449	0	229,384,449	0.669194	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	113,392,751	0	113,392,751	0.330806	0	2.00
3.00	Total (sum of lines 1-2)	342,777,200	0	342,777,200	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	7,093,599	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,326,816	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,420,415	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-172,154	0	0	0	6,921,445	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-32,725	0	0	0	9,294,091	2.00
3.00	Total (sum of lines 1-2)	-204,879	0	0	0	16,215,536	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8

Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-172,154	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,818,403			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-2,025,597			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-960,569	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients	A	-476	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-104,733	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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)			UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		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

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 PATIENT PHONE - COST OFFSET	A	-29,201	COMMUNICATIONS		5.01	0 33.00
34.00 PATIENT PHONE - OPERATOR OFFSET	A	-17,159	COMMUNICATIONS		5.01	0 34.00
35.00 PATIENT PHONE - BENEFIT OFFSET	A	-4,734	EMPLOYEE BENEFITS		4.00	0 35.00
36.00 LIFELINE EXPENSES	A	-183,648	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 36.00
37.00 LIFELINE DEPRECIATION	A	-29,966	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9 37.00
38.00 CABLE TV COSTS	A	-43,704	COMMUNICATIONS		5.01	0 38.00
39.00 CHANGE IN USEFUL LIFE	A	-31,945	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 39.00
41.00 INCIDENTAL PATIENT REVENUE	B	-7,796	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0 41.00
42.00 EDUCATION CLASS	B	-9,093	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 42.00
43.00 BASIC LIFE SUPPORT	B	-58,868	RESPIRATORY THERAPY		65.00	0 43.00
44.00 DAY CARE INCOME	B	-932,302	EMPLOYEE BENEFITS		4.00	0 44.00
45.00 MEDICAL CALL	B	-15,939	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.00
45.01 DISCOUNTS	B	-72,741	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.01
45.02 MISCELLANEOUS	B	-26,833	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.02
45.03 NET ASSETS RELEASED	B	-32,725	NEW CAP REL COSTS-MVBLE EQUIP		2.00	11 45.03
45.04 DIETARY REVENUE	B	-5,046	DIETARY		10.00	0 45.04
45.05 CONTRIBUTIONS	A	-291,083	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.05
45.06 INTERCOMPANY INTEREST	A	-1,063,730	INTEREST EXPENSE		113.00	0 45.06
45.07 PEDIATRIC OFFICE BUILDING	A	-9,468	NEW CAP REL COSTS-BLDG & FIXT		1.00	9 45.07
45.08 LB PERSONAL USE OF COMPANY CAR - DEP	A	-11,502	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9 45.08
45.09 LB PERSONAL USE OF COMPANY CAR - GAS	A	-594	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.09
45.10 CE REGISTRATION	B	-4,700	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.10
45.11 CPE TUITION	B	-5,500	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.11
45.13 MGMT FEE REVENUE	B	-182,906	PHYSICIANS' PRIVATE OFFICES		192.00	0 45.13
45.14 55+ SALARIES	A	-12,946	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.14
45.15 55+ AUTOMOTIVE EXPENSE	A	-5,055	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.15
45.16 55+ DEPRECIATION EXPENSE	A	-5,658	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9 45.16
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,176,774				50.00

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

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8-1

Date/Time Prepared:
1/31/2014 9:35 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	9,744,277	22,666,786	1.00
2.00	5.02	INFORMATION SERVICES	10,896,912	0	2.00
3.00	0.00		0	0	3.00
4.00	0.00		0	0	4.00
5.00	0		20,641,189	22,666,786	5.00

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

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

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

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

6.00	B	BAPTIST HC SYS	100.00	SUPPORT SERVICES	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8-1

Date/Time Prepared:
1/31/2014 9:35 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-12,922,509	0		1.00
2.00	10,896,912	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-2,025,597			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet A-8-2

Date/Time Prepared:
1/31/2014 9:36 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	DR. A	472,987	167,900	305,087	159,800	1,343	1.00
2.00	5.06	DR. B	22,031	0	22,031	159,800	176	2.00
3.00	43.00	DR. C	112,083	79,166	32,917	159,800	263	3.00
4.00	50.00	DR. D	2,304,426	2,304,426	0	182,900	0	4.00
5.00	60.00	DR. E	100,000	0	100,000	208,000	800	5.00
6.00	65.00	DR. F	15,000	0	15,000	159,800	120	6.00
7.00	91.00	DR. G	18,000	18,000	0	159,800	0	7.00
8.00	0.00		0	0	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			3,044,527	2,569,492	475,035		2,702	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	DR. A	103,179	5,159	0	0	0	1.00
2.00	5.06	DR. B	13,521	676	0	0	0	2.00
3.00	43.00	DR. C	20,205	1,010	0	0	0	3.00
4.00	50.00	DR. D	0	0	0	0	0	4.00
5.00	60.00	DR. E	80,000	4,000	0	0	0	5.00
6.00	65.00	DR. F	9,219	461	0	0	0	6.00
7.00	91.00	DR. G	0	0	0	0	0	7.00
8.00	0.00		0	0	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			226,124	11,306	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06	DR. A	0	103,179	201,908	369,808	1.00
2.00	5.06	DR. B	0	13,521	8,510	8,510	2.00
3.00	43.00	DR. C	0	20,205	12,712	91,878	3.00
4.00	50.00	DR. D	0	0	0	2,304,426	4.00
5.00	60.00	DR. E	0	80,000	20,000	20,000	5.00
6.00	65.00	DR. F	0	9,219	5,781	5,781	6.00
7.00	91.00	DR. G	0	0	0	18,000	7.00
8.00	0.00		0	0	0	0	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	226,124	248,911	2,818,403	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	6,921,445	6,921,445				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	9,294,091		9,294,091			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	20,252,194	151,377	19,726	20,423,297		4.00
5.01 00510 COMMUNICATIONS	235,644	589	0	34,156	270,389	5.01
5.02 00511 INFORMATION SERVICES	11,586,671	0	70,133	157,375	3,846	5.02
5.03 00512 PURCH, REC, & STORES	535,197	29,832	6,070	73,544	3,846	5.03
5.04 00513 PATIENT REGISTRATION	1,283,111	19,739	2,859	319,612	5,621	5.04
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	22,264,987	86,409	148,631	1,922,561	17,158	5.06
7.00 00700 OPERATION OF PLANT	7,290,879	2,351,496	55,005	439,747	7,692	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	549,866	26,515	12,836	108,851	887	8.00
9.00 00900 HOUSEKEEPING	1,909,730	11,973	23,020	426,985	1,183	9.00
10.00 01000 DIETARY	1,443,266	42,306	10,131	242,652	3,846	10.00
11.00 01100 CAFETERIA	1,278,232	28,365	22,126	238,933	296	11.00
13.00 01300 NURSING ADMINISTRATION	2,111,414	20,010	177,958	499,091	7,100	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	4,042,880	64,366	413,504	195,700	1,479	14.00
15.00 01500 PHARMACY	3,873,120	25,366	283,172	935,289	6,212	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,102,014	15,791	37,945	298,749	6,804	16.00
17.00 01700 SOCIAL SERVICE	2,785,908	7,660	2,053	492,717	5,325	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	14,186,828	633,529	223,529	3,683,325	84,018	30.00
31.00 03100 INTENSIVE CARE UNIT	2,969,650	86,556	116,014	776,289	6,212	31.00
32.00 03200 CORONARY CARE UNIT	2,777,329	54,797	106,781	731,487	3,846	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2,079,230	16,439	70,400	420,623	1,479	43.00
44.00 04400 SKILLED NURSING FACILITY	1,426,154	66,517	24,857	373,830	8,875	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	11,435,071	357,574	2,878,692	1,748,298	16,271	50.00
51.00 05100 RECOVERY ROOM	1,560,655	37,822	6,772	414,140	2,662	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,842,795	57,072	50,417	449,588	2,662	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,286,479	120,961	1,842,966	1,140,503	19,821	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,790,102	67,607	809,644	316,504	4,733	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	852,141	6,128	230,365	138,690	887	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	511,858	0	70,144	65,741	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,114,664	89,797	557,348	404,197	5,029	59.00
60.00 06000 LABORATORY	6,280,944	37,563	216,793	757,247	5,325	60.00
60.01 06001 PATHOLOGY	1,205,166	13,906	122,063	151,684	3,846	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,183,454	5,085	4,566	0	296	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,483,108	23,645	55,802	353,841	2,367	65.00
66.00 06600 PHYSICAL THERAPY	1,608,117	17,500	29,827	412,821	2,958	66.00
67.00 06700 OCCUPATIONAL THERAPY	375,807	0	1,288	94,632	0	67.00
68.00 06800 SPEECH PATHOLOGY	366,231	0	8,402	90,910	1,183	68.00
69.00 06900 ELECTROCARDIOLOGY	1,197,754	82,980	328,564	273,749	8,283	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	338,483	36,102	28,379	88,200	887	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,800,065	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	17,743,060	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	14,976,920	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	204,699	18,384	13,152	52,481	1,479	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	3,443,909	98,806	162,983	863,485	11,242	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	210,801,322	4,810,564	9,244,917	20,188,227	265,656	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	299,716	4,596	4,229	17,015	2,071	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	796,875	2,106,285	27,880	145,077	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 NAUTILUS	0	0	0	0	0	194.00
194.01 07951 PR/MARKETING	1,514,997	0	17,065	72,978	2,662	194.01
194.02 07952 OTHER NONREIMBURSABLE COST CENTERS	754,752	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	214,167,662	6,921,445	9,294,091	20,423,297	270,389	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		INFORMATION SERVICES	PURCH, REC, & STORES	PATIENT REGISTRATION	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510 COMMUNICATIONS						5.01
5.02	00511 INFORMATION SERVICES	11,818,025					5.02
5.03	00512 PURCH, REC, & STORES	160,597	809,086				5.03
5.04	00513 PATIENT REGISTRATION	1,368,221	37	2,999,200			5.04
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	414,087	1,325	0	24,855,158	24,855,158	5.06
7.00	00700 OPERATION OF PLANT	0	2,549	0	10,147,368	1,332,268	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	81	0	699,036	91,778	8.00
9.00	00900 HOUSEKEEPING	88,171	7,852	0	2,468,914	324,149	9.00
10.00	01000 DIETARY	33,064	4	0	1,775,269	233,079	10.00
11.00	01100 CAFETERIA	0	0	0	1,567,952	205,860	11.00
13.00	01300 NURSING ADMINISTRATION	0	12	0	2,815,585	369,664	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	146,426	33,030	0	4,897,385	642,987	14.00
15.00	01500 PHARMACY	294,427	0	0	5,417,586	711,286	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	710,089	14	0	3,171,406	416,380	16.00
17.00	01700 SOCIAL SERVICE	3,149	1,515	0	3,298,327	433,044	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	4,142,449	40,943	224,419	23,219,040	3,048,415	30.00
31.00	03100 INTENSIVE CARE UNIT	0	9,737	117,236	4,081,694	535,894	31.00
32.00	03200 CORONARY CARE UNIT	0	7,781	98,070	3,780,091	496,296	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	0	8,515	85,492	2,682,178	352,149	43.00
44.00	04400 SKILLED NURSING FACILITY	0	3,074	26,519	1,929,826	253,371	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	711,664	145,760	574,655	17,867,985	2,345,923	50.00
51.00	05100 RECOVERY ROOM	0	1,477	57,262	2,080,790	273,191	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	12,605	28,520	2,443,659	320,833	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	366,853	11,233	90,284	9,879,100	1,297,047	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,296	18,909	3,008,795	395,031	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	5,792	207,466	1,441,469	189,253	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	20	37,456	685,219	89,964	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	17,555	192,325	3,380,915	443,887	59.00
60.00	06000 LABORATORY	1,801,202	232,585	96,187	9,427,846	1,237,801	60.00
60.01	06001 PATHOLOGY	0	33,494	11,896	1,542,055	202,459	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	184,440	40,174	2,418,015	317,466	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	261,363	21,083	55,808	2,257,017	296,328	65.00
66.00	06600 PHYSICAL THERAPY	223,576	851	37,616	2,333,266	306,339	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	73	9,252	481,052	63,158	67.00
68.00	06800 SPEECH PATHOLOGY	0	253	9,709	476,688	62,585	68.00
69.00	06900 ELECTROCARDIOLOGY	144,852	3,121	99,448	2,138,751	280,801	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	12,596	757	12,154	517,558	67,951	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	63,049	9,863,114	1,294,948	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	406,455	18,149,515	2,382,886	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	282,141	15,259,061	2,003,393	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	259	0	290,454	38,134	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	935,239	17,093	116,698	5,649,455	741,728	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			INFORMATION SERVICES	PURCH, REC, & STORES	PATIENT REGISTRATION	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.06	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,818,025	806,216	2,999,200	208,398,594	24,097,726	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3	0	327,630	43,015	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,867	0	3,078,984	404,246	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	1,607,702	211,078	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	754,752	99,093	194.02
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)	11,818,025	809,086	2,999,200	214,167,662	24,855,158	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet B Part I Date/Time Prepared: 1/31/2014 9:35 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	COMMUNICATIONS					5.01	
5.02	00511	INFORMATION SERVICES					5.02	
5.03	00512	PURCH, REC, & STORES					5.03	
5.04	00513	PATIENT REGISTRATION					5.04	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT	11,479,636				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	71,084	861,898			8.00	
9.00	00900	HOUSEKEEPING	32,098	30,374	2,855,535		9.00	
10.00	01000	DIETARY	113,418	12,382	0	2,134,148	10.00	
11.00	01100	CAFETERIA	76,044	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	53,645	0	51,753	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	172,560	8,651	261,808	0	14.00	
15.00	01500	PHARMACY	68,004	0	51,753	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	42,334	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	20,535	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,698,431	534,642	949,815	1,722,523	461,215	30.00
31.00	03100	INTENSIVE CARE UNIT	232,049	48,344	149,170	92,523	88,996	31.00
32.00	03200	CORONARY CARE UNIT	146,907	50,524	118,727	93,298	79,945	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	44,072	10,311	60,886	0	44,427	43.00
44.00	04400	SKILLED NURSING FACILITY	178,326	0	121,771	218,775	47,818	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	958,621	109,637	359,225	1,251	205,186	50.00
51.00	05100	RECOVERY ROOM	101,397	0	60,886	0	39,762	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	153,004	6,958	88,284	0	45,505	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	324,285	8,016	170,480	0	118,796	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	181,248	0	88,284	0	23,476	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	16,428	0	0	0	10,515	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	4,974	58.00
59.00	05900	CARDIAC CATHETERIZATION	240,737	0	0	0	38,307	59.00
60.00	06000	LABORATORY	100,702	0	57,841	0	94,200	60.00
60.01	06001	PATHOLOGY	37,280	0	15,221	0	21,554	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,632	0	6,089	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	63,391	0	21,310	0	38,228	65.00
66.00	06600	PHYSICAL THERAPY	46,915	0	0	0	38,572	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	8,171	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	7,933	68.00
69.00	06900	ELECTROCARDIOLOGY	222,461	0	76,107	0	30,223	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96,785	0	12,177	0	10,775	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	49,285	0	0	0	5,387	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	264,890	42,059	133,948	5,778	101,803	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,820,568	861,898	2,855,535	2,134,148	1,812,452	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,321	0	0	0	1,565	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,646,747	0	0	0	29,473	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	6,366	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
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)	11,479,636	861,898	2,855,535	2,134,148	1,849,856	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part I
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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	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	3,337,219					13.00
14.00	01400	0	6,022,654				14.00
15.00	01500	0	0	6,311,619			15.00
16.00	01600	0	0	0	3,677,531		16.00
17.00	01700	0	0	2,605,850	0	6,408,204	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,004,384	2,410,850	1,291,934	971,039	4,542,772	30.00
31.00	03100	386,764	751,434	72,039	178,047	411,386	31.00
32.00	03200	347,429	686,578	565,188	167,496	347,649	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	193,074	136,421	381,648	159,935	524,664	43.00
44.00	04400	207,810	798,399	5,827	73,417	581,733	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	80,511	108,323	655,829	0	50.00
51.00	05100	0	35,783	0	0	0	51.00
52.00	05200	197,758	2,236	55,089	15,914	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	11,182	589,554	313,451	0	54.00
55.00	05500	0	4,473	194,399	22,772	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	15,655	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	64,856	0	0	0	59.00
60.00	06000	0	0	0	277,050	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	31,310	795	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	147,256	5,100	0	65.00
66.00	06600	0	2,236	0	2,374	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	13,418	41,846	52,403	0	69.00
70.00	07000	0	4,473	50,321	13,892	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	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	24,601	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	948,238	201,550	768,812	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

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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	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,337,219	6,022,654	6,311,619	3,677,531	6,408,204	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
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)	3,337,219	6,022,654	6,311,619	3,677,531	6,408,204	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

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Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	COMMUNICATIONS				5.01
5.02	00511	INFORMATION SERVICES				5.02
5.03	00512	PURCH, REC, & STORES				5.03
5.04	00513	PATIENT REGISTRATION				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	42,855,060	0	42,855,060	30.00
31.00	03100	INTENSIVE CARE UNIT	7,028,340	0	7,028,340	31.00
32.00	03200	CORONARY CARE UNIT	6,880,128	0	6,880,128	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	4,589,765	0	4,589,765	43.00
44.00	04400	SKILLED NURSING FACILITY	4,417,073	0	4,417,073	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,692,491	0	22,692,491	50.00
51.00	05100	RECOVERY ROOM	2,591,809	0	2,591,809	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,329,240	0	3,329,240	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,711,911	0	12,711,911	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,918,478	0	3,918,478	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	1,673,320	0	1,673,320	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	780,157	0	780,157	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,168,702	0	4,168,702	59.00
60.00	06000	LABORATORY	11,195,440	0	11,195,440	60.00
60.01	06001	PATHOLOGY	1,818,569	0	1,818,569	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,787,307	0	2,787,307	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,828,630	0	2,828,630	65.00
66.00	06600	PHYSICAL THERAPY	2,729,702	0	2,729,702	66.00
67.00	06700	OCCUPATIONAL THERAPY	552,381	0	552,381	67.00
68.00	06800	SPEECH PATHOLOGY	547,206	0	547,206	68.00
69.00	06900	ELECTROCARDIOLOGY	2,856,010	0	2,856,010	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	773,932	0	773,932	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,158,062	0	11,158,062	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,532,401	0	20,532,401	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,262,454	0	17,262,454	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	407,861	0	407,861	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	8,858,261	0	8,858,261	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

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Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	201,944,690	0	201,944,690	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	384,531	0	384,531	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,159,450	0	9,159,450	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	194.00
194.01	07951	PR/MARKETING	1,825,146	0	1,825,146	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	853,845	0	853,845	194.02
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)	214,167,662	0	214,167,662	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

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	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2. 00			
GENERAL SERVICE COST CENTERS						
1. 00 00100	NEW CAP REL COSTS-BLDG & FIXT					1. 00
2. 00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	151,377	19,726	171,103	4. 00
5. 01 00510	COMMUNICATIONS	0	589	0	589	5. 01
5. 02 00511	INFORMATION SERVICES	4,230,690	0	70,133	4,300,823	5. 02
5. 03 00512	PURCH, REC, & STORES	0	29,832	6,070	35,902	5. 03
5. 04 00513	PATIENT REGISTRATION	0	19,739	2,859	22,598	5. 04
5. 06 00560	OTHER ADMINISTRATIVE AND GENERAL	652,022	86,409	148,631	887,062	5. 06
7. 00 00700	OPERATION OF PLANT	0	2,351,496	55,005	2,406,501	7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	26,515	12,836	39,351	8. 00
9. 00 00900	HOUSEKEEPING	0	11,973	23,020	34,993	9. 00
10. 00 01000	DIETARY	0	42,306	10,131	52,437	10. 00
11. 00 01100	CAFETERIA	0	28,365	22,126	50,491	11. 00
13. 00 01300	NURSING ADMINISTRATION	0	20,010	177,958	197,968	13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	0	64,366	413,504	477,870	14. 00
15. 00 01500	PHARMACY	0	25,366	283,172	308,538	15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	15,791	37,945	53,736	16. 00
17. 00 01700	SOCIAL SERVICE	0	7,660	2,053	9,713	17. 00
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000	ADULTS & PEDIATRICS	0	633,529	223,529	857,058	30. 00
31. 00 03100	INTENSIVE CARE UNIT	0	86,556	116,014	202,570	31. 00
32. 00 03200	CORONARY CARE UNIT	0	54,797	106,781	161,578	32. 00
33. 00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33. 00
34. 00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34. 00
40. 00 04000	SUBPROVIDER - I PF	0	0	0	0	40. 00
41. 00 04100	SUBPROVIDER - I RF	0	0	0	0	41. 00
42. 00 04200	SUBPROVIDER	0	0	0	0	42. 00
43. 00 04300	NURSERY	0	16,439	70,400	86,839	43. 00
44. 00 04400	SKILLED NURSING FACILITY	0	66,517	24,857	91,374	44. 00
45. 00 04500	NURSING FACILITY	0	0	0	0	45. 00
46. 00 04600	OTHER LONG TERM CARE	0	0	0	0	46. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000	OPERATING ROOM	0	357,574	2,878,692	3,236,266	50. 00
51. 00 05100	RECOVERY ROOM	0	37,822	6,772	44,594	51. 00
52. 00 05200	DELIVERY ROOM & LABOR ROOM	0	57,072	50,417	107,489	52. 00
53. 00 05300	ANESTHESIOLOGY	0	0	0	0	53. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	0	120,961	1,842,966	1,963,927	54. 00
55. 00 05500	RADIOLOGY-THERAPEUTIC	0	67,607	809,644	877,251	55. 00
56. 00 05600	RADIOISOTOPE	0	0	0	0	56. 00
57. 00 05700	CT SCAN	0	6,128	230,365	236,493	57. 00
58. 00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	70,144	70,144	58. 00
59. 00 05900	CARDIAC CATHETERIZATION	0	89,797	557,348	647,145	59. 00
60. 00 06000	LABORATORY	0	37,563	216,793	254,356	60. 00
60. 01 06001	PATHOLOGY	0	13,906	122,063	135,969	60. 01
61. 00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61. 00
62. 00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62. 00
63. 00 06300	BLOOD STORING, PROCESSING & TRANS.	0	5,085	4,566	9,651	63. 00
64. 00 06400	INTRAVENOUS THERAPY	0	0	0	0	64. 00
65. 00 06500	RESPIRATORY THERAPY	0	23,645	55,802	79,447	65. 00
66. 00 06600	PHYSICAL THERAPY	0	17,500	29,827	47,327	66. 00
67. 00 06700	OCCUPATIONAL THERAPY	0	0	1,288	1,288	67. 00
68. 00 06800	SPEECH PATHOLOGY	0	0	8,402	8,402	68. 00
69. 00 06900	ELECTROCARDIOLOGY	0	82,980	328,564	411,544	69. 00
70. 00 07000	ELECTROENCEPHALOGRAPHY	0	36,102	28,379	64,481	70. 00
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73. 00
74. 00 07400	RENAL DIALYSIS	0	0	0	0	74. 00
75. 00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75. 00
76. 00 03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76. 00
76. 97 07697	CARDIAC REHABILITATION	0	18,384	13,152	31,536	440 76. 97
OUTPATIENT SERVICE COST CENTERS						
88. 00 08800	RURAL HEALTH CLINIC	0	0	0	0	88. 00
89. 00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89. 00
90. 00 09000	CLINIC	0	0	0	0	90. 00
91. 00 09100	EMERGENCY	0	98,806	162,983	261,789	91. 00
92. 00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92. 00
OTHER REIMBURSABLE COST CENTERS						
94. 00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,882,712	4,810,564	9,244,917	18,938,193	169,134	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,596	4,229	8,825	143	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	2,106,285	27,880	2,134,165	1,215	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 NAUTILUS	0	0	0	0	0	194.00
194.01 07951 PR/MARKETING	0	0	17,065	17,065	611	194.01
194.02 07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
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)	4,882,712	6,921,445	9,294,091	21,098,248	171,103	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 180104		Period: From 09/01/2012 To 08/31/2013		Worksheet B Part II Date/Time Prepared: 1/31/2014 9:35 am	
Cost Center Description			COMMUNICATIONS	INFORMATION SERVICES	PURCH, REC, & STORES	PATIENT REGISTRATION	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS	875					5.01
5.02	00511	INFORMATION SERVICES	12	4,302,154				5.02
5.03	00512	PURCH, REC, & STORES	12	58,463	94,993			5.03
5.04	00513	PATIENT REGISTRATION	18	498,078	4	523,376		5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	56	150,742	156	0	1,054,124	5.06
7.00	00700	OPERATION OF PLANT	25	0	299	0	56,501	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3	0	10	0	3,892	8.00
9.00	00900	HOUSEKEEPING	4	32,097	922	0	13,747	9.00
10.00	01000	DIETARY	12	12,036	0	0	9,885	10.00
11.00	01100	CAFETERIA	1	0	0	0	8,730	11.00
13.00	01300	NURSING ADMINISTRATION	23	0	1	0	15,677	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5	53,304	3,878	0	27,269	14.00
15.00	01500	PHARMACY	20	107,181	0	0	30,165	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22	258,496	2	0	17,658	16.00
17.00	01700	SOCIAL SERVICE	17	1,146	178	0	18,365	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	271	1,507,990	4,807	39,172	129,317	30.00
31.00	03100	INTENSIVE CARE UNIT	20	0	1,143	20,463	22,727	31.00
32.00	03200	CORONARY CARE UNIT	12	0	914	17,118	21,048	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5	0	1,000	14,923	14,934	43.00
44.00	04400	SKILLED NURSING FACILITY	29	0	361	4,629	10,745	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53	259,069	17,113	100,176	99,489	50.00
51.00	05100	RECOVERY ROOM	9	0	173	9,995	11,586	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9	0	1,480	4,978	13,606	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64	133,547	1,319	15,759	55,007	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15	0	152	3,301	16,753	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3	0	680	36,213	8,026	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2	6,538	3,815	58.00
59.00	05900	CARDIAC CATHETERIZATION	16	0	2,061	33,570	18,825	59.00
60.00	06000	LABORATORY	17	655,697	27,309	16,789	52,494	60.00
60.01	06001	PATHOLOGY	12	0	3,932	2,076	8,586	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1	0	21,654	7,012	13,464	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8	95,145	2,475	9,741	12,567	65.00
66.00	06600	PHYSICAL THERAPY	10	81,389	100	6,566	12,992	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	9	1,615	2,678	67.00
68.00	06800	SPEECH PATHOLOGY	4	0	30	1,695	2,654	68.00
69.00	06900	ELECTROCARDIOLOGY	27	52,731	366	17,359	11,909	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3	4,585	89	2,121	2,882	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,005	54,918	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	70,946	101,056	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	49,247	84,962	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5	0	30	0	1,617	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	36	340,458	2,007	20,369	31,456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part II
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description			COMMUNICATIONS	INFORMATION SERVICES	PURCH, REC, & STORES	PATIENT REGISTRATION	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	859	4,302,154	94,656	523,376	1,022,002	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7	0	0	0	1,824	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	337	0	17,144	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	9	0	0	0	8,952	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	4,202	194.02
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)	875	4,302,154	94,993	523,376	1,054,124	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet B Part II Date/Time Prepared: 1/31/2014 9:35 am			
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	INFORMATION SERVICES					5.02
5.03	00512	PURCH, REC, & STORES					5.03
5.04	00513	PATIENT REGISTRATION					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	2,467,010				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,276	59,444			8.00
9.00	00900	HOUSEKEEPING	6,898	2,095	94,333		9.00
10.00	01000	DIETARY	24,374	854	0	101,631	10.00
11.00	01100	CAFETERIA	16,342	0	0	0	77,566
13.00	01300	NURSING ADMINISTRATION	11,528	0	1,710	0	1,953
14.00	01400	CENTRAL SERVICES & SUPPLY	37,084	597	8,649	0	1,646
15.00	01500	PHARMACY	14,614	0	1,710	0	2,641
16.00	01600	MEDICAL RECORDS & LIBRARY	9,098	0	0	0	1,988
17.00	01700	SOCIAL SERVICE	4,413	0	0	0	2,115
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	364,998	36,872	31,378	82,029	19,338
31.00	03100	INTENSIVE CARE UNIT	49,868	3,334	4,928	4,406	3,732
32.00	03200	CORONARY CARE UNIT	31,571	3,485	3,922	4,443	3,352
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	9,471	711	2,011	0	1,863
44.00	04400	SKILLED NURSING FACILITY	38,323	0	4,023	10,418	2,005
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	206,011	7,562	11,867	60	8,604
51.00	05100	RECOVERY ROOM	21,791	0	2,011	0	1,667
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,881	480	2,916	0	1,908
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,690	553	5,632	0	4,981
55.00	05500	RADIOLOGY-THERAPEUTIC	38,951	0	2,916	0	984
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	3,530	0	0	0	441
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	209
59.00	05900	CARDIAC CATHETERIZATION	51,735	0	0	0	1,606
60.00	06000	LABORATORY	21,641	0	1,911	0	3,950
60.01	06001	PATHOLOGY	8,011	0	503	0	904
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,930	0	201	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	13,623	0	704	0	1,603
66.00	06600	PHYSICAL THERAPY	10,082	0	0	0	1,617
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	343
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	333
69.00	06900	ELECTROCARDIOLOGY	47,808	0	2,514	0	1,267
70.00	07000	ELECTROENCEPHALOGRAPHY	20,799	0	402	0	452
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	10,591	0	0	0	226
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	56,926	2,901	4,425	275	4,269
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part II
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	PANCREAS ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,250,858	59,444	94,333	101,631	75,997	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,648	0	0	0	66	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,213,504	0	0	0	1,236	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	267	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
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)	2,467,010	59,444	94,333	101,631	77,566	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet B Part II Date/Time Prepared: 1/31/2014 9:35 am			
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01	00510	COMMUNICATIONS				5.01	
5.02	00511	INFORMATION SERVICES				5.02	
5.03	00512	PURCH, REC, & STORES				5.03	
5.04	00513	PATIENT REGISTRATION				5.04	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
13.00	01300	NURSING ADMINISTRATION	233,042			13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	611,942		14.00	
15.00	01500	PHARMACY	0	0	472,705	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	343,503	
17.00	01700	SOCIAL SERVICE	0	0	195,164	0	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	139,968	244,960	96,759	90,700	166,760
31.00	03100	INTENSIVE CARE UNIT	27,008	76,351	5,395	16,631	15,102
32.00	03200	CORONARY CARE UNIT	24,261	69,761	42,329	15,645	12,762
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	13,483	13,861	28,583	14,939	19,260
44.00	04400	SKILLED NURSING FACILITY	14,512	81,123	436	6,858	21,355
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	8,180	8,113	61,258	0
51.00	05100	RECOVERY ROOM	0	3,636	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,810	227	4,126	1,486	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,136	44,154	29,278	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	454	14,559	2,127	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	1,591	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	6,590	0	0	0
60.00	06000	LABORATORY	0	0	0	25,878	0
60.01	06001	PATHOLOGY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,181	60	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	11,029	476	0
66.00	06600	PHYSICAL THERAPY	0	227	0	222	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	1,363	3,134	4,895	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	454	3,769	1,298	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	2,500	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	0	96,347	15,095	71,812	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part II
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	233,042	611,942	472,705	343,503	235,239	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
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)	233,042	611,942	472,705	343,503	235,239	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part II
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510 COMMUNICATIONS				5.01
5.02	00511 INFORMATION SERVICES				5.02
5.03	00512 PURCH, REC, & STORES				5.03
5.04	00513 PATIENT REGISTRATION				5.04
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY				16.00
17.00	01700 SOCIAL SERVICE				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	3,843,226	0	3,843,226	30.00
31.00	03100 INTENSIVE CARE UNIT	460,182	0	460,182	31.00
32.00	03200 CORONARY CARE UNIT	418,330	0	418,330	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
43.00	04300 NURSERY	225,407	0	225,407	43.00
44.00	04400 SKILLED NURSING FACILITY	289,323	0	289,323	44.00
45.00	04500 NURSING FACILITY	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	4,038,469	0	4,038,469	50.00
51.00	05100 RECOVERY ROOM	98,932	0	98,932	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	189,163	0	189,163	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,334,602	0	2,334,602	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	960,115	0	960,115	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	288,139	0	288,139	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	81,259	0	81,259	58.00
59.00	05900 CARDIAC CATHETERIZATION	764,934	0	764,934	59.00
60.00	06000 LABORATORY	1,066,386	0	1,066,386	60.00
60.01	06001 PATHOLOGY	161,264	0	161,264	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	58,154	0	58,154	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	229,783	0	229,783	65.00
66.00	06600 PHYSICAL THERAPY	163,991	0	163,991	66.00
67.00	06700 OCCUPATIONAL THERAPY	6,726	0	6,726	67.00
68.00	06800 SPEECH PATHOLOGY	13,880	0	13,880	68.00
69.00	06900 ELECTROCARDIOLOGY	557,211	0	557,211	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	102,074	0	102,074	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	65,923	0	65,923	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	172,002	0	172,002	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	134,209	0	134,209	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	46,945	0	46,945	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	915,399	0	915,399	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,686,028	0	17,686,028	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,513	0	13,513	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,367,601	0	3,367,601	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	194.00
194.01	07951	PR/MARKETING	26,904	0	26,904	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	4,202	0	4,202	194.02
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)	21,098,248	0	21,098,248	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	INFORMATION SERVICES (% OF TRANSACTIONS)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,174,679				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		9,370,938			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	25,691	19,889	74,688,717		4.00
5.01	00510	COMMUNICATIONS	100	0	124,909	914	5.01
5.02	00511	INFORMATION SERVICES	0	70,713	575,525	13	7,506 5.02
5.03	00512	PURCH, REC, & STORES	5,063	6,120	268,952	13	102 5.03
5.04	00513	PATIENT REGISTRATION	3,350	2,883	1,168,832	19	869 5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	14,665	149,860	7,030,863	58	263 5.06
7.00	00700	OPERATION OF PLANT	399,086	55,460	1,608,169	26	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,500	12,942	398,073	3	0 8.00
9.00	00900	HOUSEKEEPING	2,032	23,210	1,561,495	4	56 9.00
10.00	01000	DIETARY	7,180	10,215	887,385	13	21 10.00
11.00	01100	CAFETERIA	4,814	22,309	873,784	1	0 11.00
13.00	01300	NURSING ADMINISTRATION	3,396	179,430	1,825,191	24	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,924	416,923	715,681	5	93 14.00
15.00	01500	PHARMACY	4,305	285,513	3,420,378	21	187 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,680	38,259	1,092,535	23	451 16.00
17.00	01700	SOCIAL SERVICE	1,300	2,070	1,801,882	18	2 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	107,520	225,377	13,470,144	284	2,631 30.00
31.00	03100	INTENSIVE CARE UNIT	14,690	116,973	2,838,911	21	0 31.00
32.00	03200	CORONARY CARE UNIT	9,300	107,664	2,675,070	13	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	2,790	70,982	1,538,232	5	0 43.00
44.00	04400	SKILLED NURSING FACILITY	11,289	25,063	1,367,106	30	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	60,686	2,902,489	6,393,576	55	452 50.00
51.00	05100	RECOVERY ROOM	6,419	6,828	1,514,521	9	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,686	50,834	1,644,157	9	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,529	1,858,205	4,170,853	67	233 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,474	816,339	1,157,463	16	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	1,040	232,270	507,192	3	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	70,724	240,416	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	15,240	561,957	1,478,159	17	0 59.00
60.00	06000	LABORATORY	6,375	218,586	2,769,274	18	1,144 60.00
60.01	06001	PATHOLOGY	2,360	123,072	554,713	13	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	863	4,604	0	1	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	4,013	56,263	1,294,007	8	166 65.00
66.00	06600	PHYSICAL THERAPY	2,970	30,074	1,509,700	10	142 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,299	346,072	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	8,471	332,462	4	0 68.00
69.00	06900	ELECTROCARDIOLOGY	14,083	331,281	1,001,109	28	92 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,127	28,614	322,550	3	8 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	3,120	13,261	191,925	5	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	16,769	164,331	3,157,791	38	594 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	INFORMATION SERVICES (% OF TRANSACTIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	816,429	9,321,357	73,829,057	898	7,506	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	780	4,264	62,224	7	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	357,470	28,111	530,552	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 NAUTILUS	0	0	0	0	0	194.00
194.01 07951 PR/MARKETING	0	17,206	266,884	9	0	194.01
194.02 07952 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,921,445	9,294,091	20,423,297	270,389	11,818,025	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	5.892201	0.991799	0.273446	295.830416	1,574.477085	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			171,103	875	4,302,154	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002291	0.957330	573.162004	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description			PURCH, REC, & STORES (BILLED EXPENSES)	PATIENT REGISTRATION (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	INFORMATION SERVICES						5.02
5.03	00512	PURCH, REC, & STORES	7,873,853					5.03
5.04	00513	PATIENT REGISTRATION	363	353,710,024				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	12,894	0	-24,855,158	189,312,504		5.06
7.00	00700	OPERATION OF PLANT	24,805	0	0	10,147,368	726,724	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	791	0	0	699,036	4,500	8.00
9.00	00900	HOUSEKEEPING	76,418	0	0	2,468,914	2,032	9.00
10.00	01000	DIETARY	38	0	0	1,775,269	7,180	10.00
11.00	01100	CAFETERIA	0	0	0	1,567,952	4,814	11.00
13.00	01300	NURSING ADMINISTRATION	112	0	0	2,815,585	3,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	321,442	0	0	4,897,385	10,924	14.00
15.00	01500	PHARMACY	0	0	0	5,417,586	4,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	141	0	0	3,171,406	2,680	16.00
17.00	01700	SOCIAL SERVICE	14,748	0	0	3,298,327	1,300	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	398,444	26,467,662	0	23,219,040	107,520	30.00
31.00	03100	INTENSIVE CARE UNIT	94,756	13,826,585	0	4,081,694	14,690	31.00
32.00	03200	CORONARY CARE UNIT	75,723	11,566,212	0	3,780,091	9,300	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	82,869	10,082,835	0	2,682,178	2,790	43.00
44.00	04400	SKILLED NURSING FACILITY	29,913	3,127,638	0	1,929,826	11,289	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,418,509	67,763,031	0	17,867,985	60,686	50.00
51.00	05100	RECOVERY ROOM	14,371	6,753,359	0	2,080,790	6,419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,674	3,363,555	0	2,443,659	9,686	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	109,315	10,647,959	0	9,879,100	20,529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,613	2,230,101	0	3,008,795	11,474	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	56,367	24,468,249	0	1,441,469	1,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	197	4,417,549	0	685,219	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	170,838	22,682,521	0	3,380,915	15,240	59.00
60.00	06000	LABORATORY	2,263,466	11,344,096	0	9,427,846	6,375	60.00
60.01	06001	PATHOLOGY	325,952	1,403,026	0	1,542,055	2,360	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,794,933	4,738,109	0	2,418,015	863	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	205,173	6,581,871	0	2,257,017	4,013	65.00
66.00	06600	PHYSICAL THERAPY	8,281	4,436,382	0	2,333,266	2,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	709	1,091,169	0	481,052	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,460	1,145,083	0	476,688	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,375	11,728,725	0	2,138,751	14,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,367	1,433,369	0	517,558	6,127	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,435,869	0	9,863,114	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	47,936,618	0	18,149,515	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33,275,322	0	15,259,061	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,524	0	0	290,454	3,120	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	166,344	13,763,129	0	5,649,455	16,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description			PURCH, REC, & STORES (BILLED EXPENSES)	PATIENT REGISTRATION (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,845,925	353,710,024	-24,855,158	183,543,436	368,474	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28	0	0	327,630	780	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,900	0	0	3,078,984	357,470	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	1,607,702	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	754,752	0	194.02
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)	809,086	2,999,200		24,855,158	11,479,636	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.102756	0.008479		0.131292	15.796418	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	94,993	523,376		1,054,124	2,467,010	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.012064	0.001480		0.005568	3.394700	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	COMMUNICATIONS					5.01	
5.02	00511	INFORMATION SERVICES					5.02	
5.03	00512	PURCH, REC, & STORES					5.03	
5.04	00513	PATIENT REGISTRATION					5.04	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	2,240,738				8.00	
9.00	00900	HOUSEKEEPING	78,965	938			9.00	
10.00	01000	DIETARY	32,190	0	170,644		10.00	
11.00	01100	CAFETERIA	0	0	0	2,466,423	11.00	
13.00	01300	NURSING ADMINISTRATION	0	17	0	62,095	1,023,857	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,490	86	0	52,350	0	14.00
15.00	01500	PHARMACY	0	17	0	83,985	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	63,213	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	67,263	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,389,947	312	137,731	614,944	614,944	30.00
31.00	03100	INTENSIVE CARE UNIT	125,684	49	7,398	118,659	118,659	31.00
32.00	03200	CORONARY CARE UNIT	131,352	39	7,460	106,591	106,591	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	26,805	20	0	59,235	59,235	43.00
44.00	04400	SKILLED NURSING FACILITY	0	40	17,493	63,756	63,756	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	285,030	118	100	273,575	0	50.00
51.00	05100	RECOVERY ROOM	0	20	0	53,015	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,090	29	0	60,672	60,672	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,840	56	0	158,391	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29	0	31,300	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	14,020	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,632	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	51,075	0	59.00
60.00	06000	LABORATORY	0	19	0	125,597	0	60.00
60.01	06001	PATHOLOGY	0	5	0	28,738	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7	0	50,970	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	51,428	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,894	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	10,577	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25	0	40,296	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4	0	14,366	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	7,182	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	109,345	44	462	135,734	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,240,738	938	170,644	2,416,553	1,023,857	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,086	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	39,296	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	8,488	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
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)	861,898	2,855,535	2,134,148	1,849,856	3,337,219	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.384649	3,044.280384	12.506434	0.750016	3.259458	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	59,444	94,333	101,631	77,566	233,042	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.026529	100.568230	0.595573	0.031449	0.227612	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00510					5.01
5.02	00511					5.02
5.03	00512					5.03
5.04	00513					5.04
5.06	00560					5.06
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400	2,693				14.00
15.00	01500	0	23,831			15.00
16.00	01600	0	0	41,826		16.00
17.00	01700	0	9,839	0	67,262	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	1,078	4,878	11,044	47,682	30.00
31.00	03100	336	272	2,025	4,318	31.00
32.00	03200	307	2,134	1,905	3,649	32.00
33.00	03300	0	0	0	0	33.00
34.00	03400	0	0	0	0	34.00
40.00	04000	0	0	0	0	40.00
41.00	04100	0	0	0	0	41.00
42.00	04200	0	0	0	0	42.00
43.00	04300	61	1,441	1,819	5,507	43.00
44.00	04400	357	22	835	6,106	44.00
45.00	04500	0	0	0	0	45.00
46.00	04600	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	36	409	7,459	0	50.00
51.00	05100	16	0	0	0	51.00
52.00	05200	1	208	181	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	5	2,226	3,565	0	54.00
55.00	05500	2	734	259	0	55.00
56.00	05600	0	0	0	0	56.00
57.00	05700	7	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	29	0	0	0	59.00
60.00	06000	0	0	3,151	0	60.00
60.01	06001	0	0	0	0	60.01
61.00	06100	0	0	0	0	61.00
62.00	06200	0	0	0	0	62.00
63.00	06300	14	3	0	0	63.00
64.00	06400	0	0	0	0	64.00
65.00	06500	0	556	58	0	65.00
66.00	06600	1	0	27	0	66.00
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	0	0	68.00
69.00	06900	6	158	596	0	69.00
70.00	07000	2	190	158	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	0	0	0	73.00
74.00	07400	0	0	0	0	74.00
75.00	07500	0	0	0	0	75.00
76.00	03950	0	0	0	0	76.00
76.97	07697	11	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	88.00
89.00	08900	0	0	0	0	89.00
90.00	09000	0	0	0	0	90.00
91.00	09100	424	761	8,744	0	91.00
92.00	09200	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	0	0	0	0	94.00
95.00	09500	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet B-1

Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
			14.00	15.00	16.00	17.00		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,693	23,831	41,826	67,262		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	NAUTILUS	0	0	0	0		194.00
194.01	07951	PR/MARKETING	0	0	0	0		194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,022,654	6,311,619	3,677,531	6,408,204		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,236.410694	264.849104	87.924521	95.272279		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	611,942	472,705	343,503	235,239		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	227.234311	19.835718	8.212667	3.497354		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/31/2014 9:35 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		42,855,060	0	42,855,060	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,028,340	0	7,028,340	31.00	
32.00	03200 CORONARY CARE UNIT		6,880,128	0	6,880,128	32.00	
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		4,589,765	12,712	4,602,477	43.00	
44.00	04400 SKILLED NURSING FACILITY		4,417,073	0	4,417,073	44.00	
45.00	04500 NURSING FACILITY		0	0	0	45.00	
46.00	04600 OTHER LONG TERM CARE		0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		22,692,491	0	22,692,491	50.00	
51.00	05100 RECOVERY ROOM		2,591,809	0	2,591,809	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,329,240	0	3,329,240	52.00	
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		12,711,911	0	12,711,911	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		3,918,478	0	3,918,478	55.00	
56.00	05600 RADIOISOTOPE		0	0	0	56.00	
57.00	05700 CT SCAN		1,673,320	0	1,673,320	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		780,157	0	780,157	58.00	
59.00	05900 CARDIAC CATHETERIZATION		4,168,702	0	4,168,702	59.00	
60.00	06000 LABORATORY		11,195,440	20,000	11,215,440	60.00	
60.01	06001 PATHOLOGY		1,818,569	0	1,818,569	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,787,307	0	2,787,307	63.00	
64.00	06400 INTRAVENOUS THERAPY		0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0	2,828,630	5,781	2,834,411	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,729,702	0	2,729,702	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	552,381	0	552,381	67.00	
68.00	06800 SPEECH PATHOLOGY	0	547,206	0	547,206	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,856,010	0	2,856,010	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		773,932	0	773,932	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,158,062	0	11,158,062	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		20,532,401	0	20,532,401	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		17,262,454	0	17,262,454	73.00	
74.00	07400 RENAL DIALYSIS		0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		407,861	0	407,861	76.97	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		0	0	0	90.00	
91.00	09100 EMERGENCY		8,858,261	0	8,858,261	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,017,554	0	3,017,554	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00	
99.00	09900 CMHC		0	0	0	99.00	
99.10	09910 CORF		0	0	0	99.10	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00	
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION		0	0	0	105.00	
106.00	10600 HEART ACQUISITION		0	0	0	106.00	
107.00	10700 LIVER ACQUISITION		0	0	0	107.00	
108.00	10800 LUNG ACQUISITION		0	0	0	108.00	
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	11100 ISLET ACQUISITION		0	0	0	111.00	
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
114.00	11400 UTILIZATION REVIEW-SNF		0	0	0	114.00	
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00	
116.00	11600 HOSPICE		0	0	0	116.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Disallowance		
1.00	2.00	3.00	4.00	5.00			
200.00	Subtotal (see instructions)	204,962,244	0	204,962,244	38,493	205,000,737	200.00
201.00	Less Observation Beds	3,017,554		3,017,554		3,017,554	201.00
202.00	Total (see instructions)	201,944,690	0	201,944,690	38,493	201,983,183	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/31/2014 9:35 am

		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,467,662		26,467,662		30.00
31.00	03100	INTENSIVE CARE UNIT	13,826,585		13,826,585		31.00
32.00	03200	CORONARY CARE UNIT	11,566,212		11,566,212		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	10,082,835		10,082,835		43.00
44.00	04400	SKILLED NURSING FACILITY	3,127,638		3,127,638		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	67,763,031	79,723,508	147,486,539	0.153861	50.00
51.00	05100	RECOVERY ROOM	6,753,359	9,185,539	15,938,898	0.162609	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,363,555	1,170,294	4,533,849	0.734308	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,647,959	37,741,904	48,389,863	0.262698	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,230,101	33,159,661	35,389,762	0.110723	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	24,468,249	61,542,097	86,010,346	0.019455	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,417,549	16,621,477	21,039,026	0.037081	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,682,521	25,345,852	48,028,373	0.086797	59.00
60.00	06000	LABORATORY	11,344,096	11,548,571	22,892,667	0.489040	60.00
60.01	06001	PATHOLOGY	1,403,026	3,253,965	4,656,991	0.390503	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,738,109	777,972	5,516,081	0.505306	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	6,581,871	790,035	7,371,906	0.383704	65.00
66.00	06600	PHYSICAL THERAPY	4,436,382	2,480,991	6,917,373	0.394615	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,091,169	183,655	1,274,824	0.433300	67.00
68.00	06800	SPEECH PATHOLOGY	1,145,083	547,364	1,692,447	0.323322	68.00
69.00	06900	ELECTROCARDIOLOGY	11,728,725	22,013,462	33,742,187	0.084642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,433,369	4,103,827	5,537,196	0.139770	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,435,869	11,430,586	18,866,455	0.591423	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	47,936,618	19,958,066	67,894,684	0.302415	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,275,322	29,684,164	62,959,486	0.274184	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	531,151	531,151	0.767881	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	13,763,129	38,744,802	52,507,931	0.168703	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	167,615	10,820,841	10,988,456	0.274611	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	353,877,639	421,359,784	775,237,423		200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Title XVIII			Hospital		PPS	
		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
Cost Center Description		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	353,877,639	421,359,784	775,237,423			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part I Date/Time Prepared: 1/31/2014 9:35 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.153861		50.00
51.00	05100 RECOVERY ROOM	0.162609		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.734308		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.262698		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.110723		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.019455		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.037081		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.086797		59.00
60.00	06000 LABORATORY	0.489914		60.00
60.01	06001 PATHOLOGY	0.390503		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.505306		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.384488		65.00
66.00	06600 PHYSICAL THERAPY	0.394615		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.433300		67.00
68.00	06800 SPEECH PATHOLOGY	0.323322		68.00
69.00	06900 ELECTROCARDIOLOGY	0.084642		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.139770		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.591423		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.302415		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.274184		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.767881		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.168703		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.274611		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/31/2014 9:35 am

		Title XIX		Hospital		Tefra		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE				
				Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,855,060		42,855,060	0	42,855,060	30.00
31.00	03100	INTENSIVE CARE UNIT	7,028,340		7,028,340	0	7,028,340	31.00
32.00	03200	CORONARY CARE UNIT	6,880,128		6,880,128	0	6,880,128	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	4,589,765		4,589,765	12,712	4,602,477	43.00
44.00	04400	SKILLED NURSING FACILITY	4,417,073		4,417,073	0	4,417,073	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,692,491		22,692,491	0	22,692,491	50.00
51.00	05100	RECOVERY ROOM	2,591,809		2,591,809	0	2,591,809	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,329,240		3,329,240	0	3,329,240	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,711,911		12,711,911	0	12,711,911	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,918,478		3,918,478	0	3,918,478	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,673,320		1,673,320	0	1,673,320	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	780,157		780,157	0	780,157	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,168,702		4,168,702	0	4,168,702	59.00
60.00	06000	LABORATORY	11,195,440		11,195,440	20,000	11,215,440	60.00
60.01	06001	PATHOLOGY	1,818,569		1,818,569	0	1,818,569	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,787,307		2,787,307	0	2,787,307	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,828,630	0	2,828,630	5,781	2,834,411	65.00
66.00	06600	PHYSICAL THERAPY	2,729,702	0	2,729,702	0	2,729,702	66.00
67.00	06700	OCCUPATIONAL THERAPY	552,381	0	552,381	0	552,381	67.00
68.00	06800	SPEECH PATHOLOGY	547,206	0	547,206	0	547,206	68.00
69.00	06900	ELECTROCARDIOLOGY	2,856,010		2,856,010	0	2,856,010	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	773,932		773,932	0	773,932	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,158,062		11,158,062	0	11,158,062	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,532,401		20,532,401	0	20,532,401	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,262,454		17,262,454	0	17,262,454	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	407,861		407,861	0	407,861	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	8,858,261		8,858,261	0	8,858,261	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,017,554		3,017,554	0	3,017,554	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Disallowance		
1.00	2.00	3.00	4.00	5.00			
200.00	Subtotal (see instructions)	204,962,244	0	204,962,244	38,493	205,000,737	200.00
201.00	Less Observation Beds	3,017,554		3,017,554		3,017,554	201.00
202.00	Total (see instructions)	201,944,690	0	201,944,690	38,493	201,983,183	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet C
Part I
Date/Time Prepared:
1/31/2014 9:35 am

		Title XIX			Hospital	Tefra	
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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,467,662		26,467,662		30.00
31.00	03100	INTENSIVE CARE UNIT	13,826,585		13,826,585		31.00
32.00	03200	CORONARY CARE UNIT	11,566,212		11,566,212		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	10,082,835		10,082,835		43.00
44.00	04400	SKILLED NURSING FACILITY	3,127,638		3,127,638		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	67,763,031	79,723,508	147,486,539	0.153861	0.153861
51.00	05100	RECOVERY ROOM	6,753,359	9,185,539	15,938,898	0.162609	0.162609
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,363,555	1,170,294	4,533,849	0.734308	0.734308
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,647,959	37,741,904	48,389,863	0.262698	0.262698
55.00	05500	RADIOLOGY-THERAPEUTIC	2,230,101	33,159,661	35,389,762	0.110723	0.110723
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	24,468,249	61,542,097	86,010,346	0.019455	0.019455
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,417,549	16,621,477	21,039,026	0.037081	0.037081
59.00	05900	CARDIAC CATHETERIZATION	22,682,521	25,345,852	48,028,373	0.086797	0.086797
60.00	06000	LABORATORY	11,344,096	11,548,571	22,892,667	0.489040	0.489040
60.01	06001	PATHOLOGY	1,403,026	3,253,965	4,656,991	0.390503	0.390503
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,738,109	777,972	5,516,081	0.505306	0.505306
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	6,581,871	790,035	7,371,906	0.383704	0.383704
66.00	06600	PHYSICAL THERAPY	4,436,382	2,480,991	6,917,373	0.394615	0.394615
67.00	06700	OCCUPATIONAL THERAPY	1,091,169	183,655	1,274,824	0.433300	0.433300
68.00	06800	SPEECH PATHOLOGY	1,145,083	547,364	1,692,447	0.323322	0.323322
69.00	06900	ELECTROCARDIOLOGY	11,728,725	22,013,462	33,742,187	0.084642	0.084642
70.00	07000	ELECTROENCEPHALOGRAPHY	1,433,369	4,103,827	5,537,196	0.139770	0.139770
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,435,869	11,430,586	18,866,455	0.591423	0.591423
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	47,936,618	19,958,066	67,894,684	0.302415	0.302415
73.00	07300	DRUGS CHARGED TO PATIENTS	33,275,322	29,684,164	62,959,486	0.274184	0.274184
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	0	531,151	531,151	0.767881	0.767881
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	13,763,129	38,744,802	52,507,931	0.168703	0.168703
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	167,615	10,820,841	10,988,456	0.274611	0.274611
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000
99.00	09900	CMHC	0	0	0	0.000000	0.000000
99.10	09910	CORF	0	0	0	0.000000	0.000000
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	353,877,639	421,359,784	775,237,423		200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Title XIX			Hospital		Tefra	
		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
Cost Center Description		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	353,877,639	421,359,784	775,237,423			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part I Date/Time Prepared: 1/31/2014 9:35 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Tefra
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 PATHOLOGY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet C Part II Date/Time Prepared: 1/31/2014 9:35 am
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Cost Center Description	Title XIX			Hospital	Tefra
	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	22,692,491	4,038,469	18,654,022	0	0
51.00 05100 RECOVERY ROOM	2,591,809	98,932	2,492,877	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,329,240	189,163	3,140,077	0	0
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,711,911	2,334,602	10,377,309	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	3,918,478	960,115	2,958,363	0	0
56.00 05600 RADIO SOTOPE	0	0	0	0	0
57.00 05700 CT SCAN	1,673,320	288,139	1,385,181	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	780,157	81,259	698,898	0	0
59.00 05900 CARDIAC CATHETERIZATION	4,168,702	764,934	3,403,768	0	0
60.00 06000 LABORATORY	11,195,440	1,066,386	10,129,054	0	0
60.01 06001 PATHOLOGY	1,818,569	161,264	1,657,305	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,787,307	58,154	2,729,153	0	0
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	2,828,630	229,783	2,598,847	0	0
66.00 06600 PHYSICAL THERAPY	2,729,702	163,991	2,565,711	0	0
67.00 06700 OCCUPATIONAL THERAPY	552,381	6,726	545,655	0	0
68.00 06800 SPEECH PATHOLOGY	547,206	13,880	533,326	0	0
69.00 06900 ELECTROCARDIOLOGY	2,856,010	557,211	2,298,799	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	773,932	102,074	671,858	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,158,062	65,923	11,092,139	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	20,532,401	172,002	20,360,399	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	17,262,454	134,209	17,128,245	0	0
74.00 07400 RENAL DIALYSIS	0	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	407,861	46,945	360,916	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000 CLINIC	0	0	0	0	0
91.00 09100 EMERGENCY	8,858,261	915,399	7,942,862	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,017,554	270,614	2,746,940	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
99.00 09900 CMHC	0	0	0	0	0
99.10 09910 CORF	0	0	0	0	0
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0
106.00 10600 HEART ACQUISITION	0	0	0	0	0
107.00 10700 LIVER ACQUISITION	0	0	0	0	0
108.00 10800 LUNG ACQUISITION	0	0	0	0	0
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100 ISLET ACQUISITION	0	0	0	0	0
113.00 11300 INTEREST EXPENSE	0	0	0	0	0
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00 11600 HOSPICE	0	0	0	0	0
200.00 Subtotal (sum of lines 50 thru 199)	139,191,878	12,720,174	126,471,704	0	0
201.00 Less Observation Beds	3,017,554	270,614	2,746,940	0	0
202.00 Total (line 200 minus line 201)	136,174,324	12,449,560	123,724,764	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 180104

Period: From 09/01/2012 To 08/31/2013

Worksheet C Part II Date/Time Prepared: 1/31/2014 9:35 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	Tefra
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	22,692,491	147,486,539	0.153861		50.00
51.00	05100 RECOVERY ROOM	2,591,809	15,938,898	0.162609		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,329,240	4,533,849	0.734308		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,711,911	48,389,863	0.262698		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,918,478	35,389,762	0.110723		55.00
56.00	05600 RADIO SOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	1,673,320	86,010,346	0.019455		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	780,157	21,039,026	0.037081		58.00
59.00	05900 CARDIAC CATHETERIZATION	4,168,702	48,028,373	0.086797		59.00
60.00	06000 LABORATORY	11,195,440	22,892,667	0.489040		60.00
60.01	06001 PATHOLOGY	1,818,569	4,656,991	0.390503		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,787,307	5,516,081	0.505306		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	2,828,630	7,371,906	0.383704		65.00
66.00	06600 PHYSICAL THERAPY	2,729,702	6,917,373	0.394615		66.00
67.00	06700 OCCUPATIONAL THERAPY	552,381	1,274,824	0.433300		67.00
68.00	06800 SPEECH PATHOLOGY	547,206	1,692,447	0.323322		68.00
69.00	06900 ELECTROCARDIOLOGY	2,856,010	33,742,187	0.084642		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	773,932	5,537,196	0.139770		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,158,062	18,866,455	0.591423		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	20,532,401	67,894,684	0.302415		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,262,454	62,959,486	0.274184		73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	407,861	531,151	0.767881		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
91.00	09100 EMERGENCY	8,858,261	52,507,931	0.168703		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,017,554	10,988,456	0.274611		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
99.00	09900 CMHC	0	0	0.000000		99.00
99.10	09910 CORF	0	0	0.000000		99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600 HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700 LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800 LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE	0	0	0.000000		113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0.000000		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	139,191,878	710,166,491			200.00
201.00	Less Observation Beds	3,017,554	0			201.00
202.00	Total (line 200 minus line 201)	136,174,324	710,166,491			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part I Date/Time Prepared: 1/31/2014 9:35 am
		Title XVIII		Hospital

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,843,226	0	3,843,226	48,599	79.08	30.00
31.00	INTENSIVE CARE UNIT	460,182		460,182	4,142	111.10	31.00
32.00	CORONARY CARE UNIT	418,330		418,330	3,500	119.52	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	225,407		225,407	5,282	42.67	43.00
44.00	SKILLED NURSING FACILITY	289,323		289,323	5,857	49.40	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	5,236,468		5,236,468	67,380		200.00
Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
	6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	23,555	1,862,729				30.00
31.00	INTENSIVE CARE UNIT	2,371	263,418				31.00
32.00	CORONARY CARE UNIT	2,150	256,968				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	4,705	232,427				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	32,781	2,615,542				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part II Date/Time Prepared: 1/31/2014 9:35 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,038,469	147,486,539	0.027382	31,549,362	863,885	50.00
51.00	05100 RECOVERY ROOM	98,932	15,938,898	0.006207	3,141,924	19,502	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	189,163	4,533,849	0.041722	13,518	564	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,334,602	48,389,863	0.048246	5,421,666	261,574	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	960,115	35,389,762	0.027130	1,219,143	33,075	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	288,139	86,010,346	0.003350	12,666,334	42,432	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	81,259	21,039,026	0.003862	2,358,946	9,110	58.00
59.00	05900 CARDIAC CATHETERIZATION	764,934	48,028,373	0.015927	12,193,835	194,211	59.00
60.00	06000 LABORATORY	1,066,386	22,892,667	0.046582	5,450,170	253,880	60.00
60.01	06001 PATHOLOGY	161,264	4,656,991	0.034628	600,872	20,807	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	58,154	5,516,081	0.010543	2,791,808	29,434	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	229,783	7,371,906	0.031170	3,825,456	119,239	65.00
66.00	06600 PHYSICAL THERAPY	163,991	6,917,373	0.023707	2,130,563	50,509	66.00
67.00	06700 OCCUPATIONAL THERAPY	6,726	1,274,824	0.005276	347,660	1,834	67.00
68.00	06800 SPEECH PATHOLOGY	13,880	1,692,447	0.008201	670,475	5,499	68.00
69.00	06900 ELECTROCARDIOLOGY	557,211	33,742,187	0.016514	6,708,228	110,780	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	102,074	5,537,196	0.018434	751,156	13,847	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	65,923	18,866,455	0.003494	7,097,768	24,800	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	172,002	67,894,684	0.002533	17,921,840	45,396	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	134,209	62,959,486	0.002132	16,620,230	35,434	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	46,945	531,151	0.088384	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	915,399	52,507,931	0.017434	7,666,460	133,657	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	270,614	10,988,456	0.024627	63,483	1,563	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	12,720,174	710,166,491		141,210,897	2,271,032	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part III Date/Time Prepared: 1/31/2014 9:35 am
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Cost Center Description	Title XVIII			Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
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)
	6.00	7.00	8.00	9.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	48,599	0.00	23,555	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,142	0.00	2,371	0	31.00
32.00	03200	CORONARY CARE UNIT	3,500	0.00	2,150	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	5,282	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,857	0.00	4,705	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	67,380		32,781	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet D
Part IV
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/31/2014 9:35 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	147,486,539	0.000000	0.000000	31,549,362	50.00
51.00	05100	RECOVERY ROOM	0	15,938,898	0.000000	0.000000	3,141,924	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,533,849	0.000000	0.000000	13,518	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	48,389,863	0.000000	0.000000	5,421,666	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	35,389,762	0.000000	0.000000	1,219,143	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	86,010,346	0.000000	0.000000	12,666,334	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	21,039,026	0.000000	0.000000	2,358,946	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	48,028,373	0.000000	0.000000	12,193,835	59.00
60.00	06000	LABORATORY	0	22,892,667	0.000000	0.000000	5,450,170	60.00
60.01	06001	PATHOLOGY	0	4,656,991	0.000000	0.000000	600,872	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,516,081	0.000000	0.000000	2,791,808	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,371,906	0.000000	0.000000	3,825,456	65.00
66.00	06600	PHYSICAL THERAPY	0	6,917,373	0.000000	0.000000	2,130,563	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,274,824	0.000000	0.000000	347,660	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,692,447	0.000000	0.000000	670,475	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33,742,187	0.000000	0.000000	6,708,228	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,537,196	0.000000	0.000000	751,156	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,866,455	0.000000	0.000000	7,097,768	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	67,894,684	0.000000	0.000000	17,921,840	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,959,486	0.000000	0.000000	16,620,230	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	531,151	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	52,507,931	0.000000	0.000000	7,666,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,988,456	0.000000	0.000000	63,483	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	710,166,491			141,210,897	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/31/2014 9:35 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	22,824,156	0		50.00
51.00	05100 RECOVERY ROOM	0	2,572,578	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,152	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,490,527	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	17,693,373	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	21,082,329	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,387,456	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	13,741,112	0		59.00
60.00	06000 LABORATORY	0	8,556	0		60.00
60.01	06001 PATHOLOGY	0	1,063,418	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	258,814	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	346,253	0		65.00
66.00	06600 PHYSICAL THERAPY	0	90	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	8,879,597	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,302,021	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,738,700	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,867,160	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	14,228,707	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	198,048	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	9,961,118	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,985,308	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	147,632,473	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/31/2014 9:36 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.153861	22,824,156	0	0	3,511,747	50.00
51.00	05100 RECOVERY ROOM	0.162609	2,572,578	0	0	418,324	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.734308	3,152	0	0	2,315	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.262698	11,490,527	0	0	3,018,538	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.110723	17,693,373	0	0	1,959,063	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.019455	21,082,329	0	0	410,157	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.037081	5,387,456	0	0	199,772	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.086797	13,741,112	0	0	1,192,687	59.00
60.00	06000 LABORATORY	0.489040	8,556	0	0	4,184	60.00
60.01	06001 PATHOLOGY	0.390503	1,063,418	0	0	415,268	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.505306	258,814	0	0	130,780	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.383704	346,253	0	0	132,859	65.00
66.00	06600 PHYSICAL THERAPY	0.394615	90	0	0	36	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.433300	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.323322	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.084642	8,879,597	0	0	751,587	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.139770	1,302,021	0	0	181,983	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.591423	4,738,700	0	0	2,802,576	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.302415	7,867,160	0	0	2,379,147	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.274184	14,228,707	46,820	0	3,901,284	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.767881	198,048	0	0	152,077	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.168703	9,961,118	0	0	1,680,470	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.274611	3,985,308	0	0	1,094,409	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Subtotal (see instructions)		147,632,473	46,820	0	24,339,263	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		147,632,473	46,820	0	24,339,263	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/31/2014 9:36 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 PATHOLOGY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	12,837	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	12,837	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	12,837	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/31/2014 9:35 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 PATHOLOGY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
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: 180104 Component CCN: 185416	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/31/2014 9:35 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	147,486,539	0.000000	0.000000	162	50.00
51.00 05100 RECOVERY ROOM	0	15,938,898	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,533,849	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	48,389,863	0.000000	0.000000	124,203	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	35,389,762	0.000000	0.000000	34,080	55.00
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	86,010,346	0.000000	0.000000	19,478	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	21,039,026	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	48,028,373	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	22,892,667	0.000000	0.000000	200,599	60.00
60.01 06001 PATHOLOGY	0	4,656,991	0.000000	0.000000	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	5,516,081	0.000000	0.000000	51,443	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	7,371,906	0.000000	0.000000	0	65.00
66.00 06600 PHYSICAL THERAPY	0	6,917,373	0.000000	0.000000	1,258,987	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,274,824	0.000000	0.000000	425,371	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,692,447	0.000000	0.000000	65,661	68.00
69.00 06900 ELECTROCARDIOLOGY	0	33,742,187	0.000000	0.000000	39,932	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,537,196	0.000000	0.000000	5,724	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,866,455	0.000000	0.000000	148,972	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	67,894,684	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	62,959,486	0.000000	0.000000	820,345	73.00
74.00 07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	531,151	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	52,507,931	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,988,456	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00 Total (lines 50-199)	0	710,166,491			3,194,957	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/31/2014 9:35 am PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 PATHOLOGY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet D
Part I
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description		Title XIX			Hospital	Tefra	
		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	3,843,226	0	3,843,226	48,599	79.08	30.00
31.00	INTENSIVE CARE UNIT	460,182		460,182	4,142	111.10	31.00
32.00	CORONARY CARE UNIT	418,330		418,330	3,500	119.52	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	225,407		225,407	5,282	42.67	43.00
44.00	SKILLED NURSING FACILITY	289,323		289,323	5,857	49.40	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	5,236,468		5,236,468	67,380		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	537	42,466				30.00
31.00	INTENSIVE CARE UNIT	93	10,332				31.00
32.00	CORONARY CARE UNIT	44	5,259				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	43	1,835				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	717	59,892				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part II Date/Time Prepared: 1/31/2014 9:35 am
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Cost Center Description		Title XIX			Hospital	Tefra		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,038,469	147,486,539	0.027382	676,725	18,530	50.00
51.00	05100	RECOVERY ROOM	98,932	15,938,898	0.006207	44,590	277	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	189,163	4,533,849	0.041722	33,826	1,411	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,334,602	48,389,863	0.048246	415,809	20,061	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	960,115	35,389,762	0.027130	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	288,139	86,010,346	0.003350	203,352	681	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	81,259	21,039,026	0.003862	108,571	419	58.00
59.00	05900	CARDIAC CATHETERIZATION	764,934	48,028,373	0.015927	58,298	929	59.00
60.00	06000	LABORATORY	1,066,386	22,892,667	0.046582	450,962	21,007	60.00
60.01	06001	PATHOLOGY	161,264	4,656,991	0.034628	155,381	5,381	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	58,154	5,516,081	0.010543	12,950	137	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	229,783	7,371,906	0.031170	23,297	726	65.00
66.00	06600	PHYSICAL THERAPY	163,991	6,917,373	0.023707	5,431	129	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,726	1,274,824	0.005276	1,698	9	67.00
68.00	06800	SPEECH PATHOLOGY	13,880	1,692,447	0.008201	1,897	16	68.00
69.00	06900	ELECTROCARDIOLOGY	557,211	33,742,187	0.016514	85,411	1,410	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,074	5,537,196	0.018434	3,181	59	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	65,923	18,866,455	0.003494	189,129	661	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	172,002	67,894,684	0.002533	128,750	326	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	134,209	62,959,486	0.002132	556,136	1,186	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	46,945	531,151	0.088384	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	915,399	52,507,931	0.017434	112,855	1,968	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	270,614	10,988,456	0.024627	41,292	1,017	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	12,720,174	710,166,491		3,309,541	76,340	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part III Date/Time Prepared: 1/31/2014 9:35 am
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Cost Center Description	Title XIX			Hospital	Tefra
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	0	0	0	0	0
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500 NURSING FACILITY	0	0	0	0	0
200.00 Total (lines 30-199)	0	0	0	0	0

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

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	48,599	0.00	537	0
31.00 03100 INTENSIVE CARE UNIT	4,142	0.00	93	0
32.00 03200 CORONARY CARE UNIT	3,500	0.00	44	0
33.00 03300 BURN INTENSIVE CARE UNIT	0	0.00	0	0
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0
40.00 04000 SUBPROVIDER - IPF	0	0.00	0	0
41.00 04100 SUBPROVIDER - IRF	0	0.00	0	0
42.00 04200 SUBPROVIDER	0	0.00	0	0
43.00 04300 NURSERY	5,282	0.00	43	0
44.00 04400 SKILLED NURSING FACILITY	5,857	0.00	0	0
45.00 04500 NURSING FACILITY	0	0.00	0	0
200.00 Total (lines 30-199)	67,380		717	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet D
Part IV
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description		Title XIX			Hospital	Tefra	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
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: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/31/2014 9:35 am
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part 1, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Title XIX		Inpatient Program Charges		
				Hospital				
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Tefra			
	6.00	7.00	8.00	9.00	10.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	147,486,539	0.000000	0.000000	676,725	50.00
51.00	05100	RECOVERY ROOM	0	15,938,898	0.000000	0.000000	44,590	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,533,849	0.000000	0.000000	33,826	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	48,389,863	0.000000	0.000000	415,809	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	35,389,762	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	86,010,346	0.000000	0.000000	203,352	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	21,039,026	0.000000	0.000000	108,571	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	48,028,373	0.000000	0.000000	58,298	59.00
60.00	06000	LABORATORY	0	22,892,667	0.000000	0.000000	450,962	60.00
60.01	06001	PATHOLOGY	0	4,656,991	0.000000	0.000000	155,381	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,516,081	0.000000	0.000000	12,950	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,371,906	0.000000	0.000000	23,297	65.00
66.00	06600	PHYSICAL THERAPY	0	6,917,373	0.000000	0.000000	5,431	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,274,824	0.000000	0.000000	1,698	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,692,447	0.000000	0.000000	1,897	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33,742,187	0.000000	0.000000	85,411	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,537,196	0.000000	0.000000	3,181	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,866,455	0.000000	0.000000	189,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	67,894,684	0.000000	0.000000	128,750	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,959,486	0.000000	0.000000	556,136	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	531,151	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	52,507,931	0.000000	0.000000	112,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,988,456	0.000000	0.000000	41,292	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	710,166,491			3,309,541	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part IV Date/Time Prepared: 1/31/2014 9:35 am
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Cost Center Description		Title XIX			Hospital	Tefra
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 PATHOLOGY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/31/2014 9:36 am
		Title XIX	Hospital	Tefra

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.153861	0	0	296,200	0	50.00
51.00	05100 RECOVERY ROOM	0.162609	0	0	14,224	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.734308	0	0	141,109	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.262698	0	0	645,029	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.110723	0	0	1,756	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.019455	0	0	264,247	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.037081	0	0	10,040	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.086797	0	0	467,819	0	59.00
60.00	06000 LABORATORY	0.489040	0	0	560,756	0	60.00
60.01	06001 PATHOLOGY	0.390503	0	0	112,650	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.505306	0	0	9,826	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.383704	0	0	66,719	0	65.00
66.00	06600 PHYSICAL THERAPY	0.394615	0	0	5,358	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.433300	0	0	82	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.323322	0	0	441	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.084642	0	0	45,182	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.139770	0	0	1,510	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.591423	0	0	119,000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.302415	0	0	318,989	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.274184	0	0	804,800	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.767881	0	0	40	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.168703	0	0	228,624	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.274611	0	0	149,847	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Subtotal (see instructions)		0	0	4,264,248	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	4,264,248	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D Part V Date/Time Prepared: 1/31/2014 9:36 am
		Title XIX	Hospital	Tefra

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	45,574		50.00
51.00 05100 RECOVERY ROOM	0	2,313		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	103,617		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	169,448		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	194		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	5,141		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	372		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	40,605		59.00
60.00 06000 LABORATORY	0	274,232		60.00
60.01 06001 PATHOLOGY	0	43,990		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	4,965		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	25,600		65.00
66.00 06600 PHYSICAL THERAPY	0	2,114		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	36		67.00
68.00 06800 SPEECH PATHOLOGY	0	143		68.00
69.00 06900 ELECTROCARDIOLOGY	0	3,824		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	211		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	70,379		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	96,467		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	220,663		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	31		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	38,570		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	41,150		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00	Subtotal (see instructions)	0	1,189,639	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	1,189,639	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/31/2014 9:35 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,599	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,599	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.		42,730	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,447	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)		23,555	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		42,855,060	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)		42,855,060	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		24,411,301	28.00
29.00	Private room charges (excluding swing-bed charges)		23,031,281	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,380,020	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.755542	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		539.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		563.96	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)		42,855,060	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		881.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,771,035	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)		20,771,035	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/31/2014 9:35 am	
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)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
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	7,028,340	4,142	1,696.85	2,371	4,023,231	43.00
44.00	CORONARY CARE UNIT	6,880,128	3,500	1,965.75	2,150	4,226,363	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,479,259	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					60,499,888	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,383,115	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,271,032	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,654,147	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					55,845,741	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,422	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					881.81	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,017,554	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/31/2014 9:35 am	
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	3,843,226	42,855,060	0.089680	3,017,554	270,614	90.00
91.00	Nursing School cost	0	42,855,060	0.000000	3,017,554	0	91.00
92.00	Allied health cost	0	42,855,060	0.000000	3,017,554	0	92.00
93.00	All other Medical Education	0	42,855,060	0.000000	3,017,554	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1 Date/Time Prepared: 1/31/2014 9:35 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,857	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,857	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.		4,965	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		892	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)		4,705	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,417,073	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)		4,417,073	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		3,127,638	28.00
29.00	Private room charges (excluding swing-bed charges)		2,651,310	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		476,328	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.412271	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		534.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		534.00	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)		4,417,073	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104 Component CCN: 185416		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/31/2014 9:35 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					4,417,073	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					754.15	71.00
72.00	Program routine service cost (line 9 x line 71)					3,548,276	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)					3,548,276	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					3,548,276	83.00
84.00	Program inpatient ancillary services (see instructions)					1,180,468	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					4,728,744	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104 Component CCN: 185416		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/31/2014 9:35 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 1/31/2014 9:35 am
Cost Center Description				Tefra
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,599	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,599	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.		42,730	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,447	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)		537	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)		5,282	15.00
16.00	Nursery days (title V or XIX only)		43	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		42,855,060	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)		42,855,060	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		24,411,301	28.00
29.00	Private room charges (excluding swing-bed charges)		23,031,281	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,380,020	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.755542	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		539.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		563.96	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)		42,855,060	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		881.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		473,532	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)		473,532	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1	
Date/Time Prepared: 1/31/2014 9:35 am		Title XIX		Hospital		Tefra	
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)		
42.00 NURSERY (title V & XIX only)	4,589,765	5,282	868.94	43	37,364		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,028,340	4,142	1,696.85	93	157,807		43.00
44.00 CORONARY CARE UNIT	6,880,128	3,500	1,965.75	44	86,493		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					900,003		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,655,199		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)					59,892		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					76,340		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					136,232		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,518,967		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					2,552		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)					-1,518,967		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)					136,232		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,422		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					881.81		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,017,554		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180104		Period: From 09/01/2012 To 08/31/2013		Worksheet D-1 Date/Time Prepared: 1/31/2014 9:35 am	
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	3,843,226	42,855,060	0.089680	3,017,554	270,614	90.00
91.00	Nursing School cost	0	42,855,060	0.000000	3,017,554	0	91.00
92.00	Allied health cost	0	42,855,060	0.000000	3,017,554	0	92.00
93.00	All other Medical Education	0	42,855,060	0.000000	3,017,554	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D-3 Date/Time Prepared: 1/31/2014 9:36 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,014,885	30.00
31.00	03100	INTENSIVE CARE UNIT		7,913,560	31.00
32.00	03200	CORONARY CARE UNIT		7,097,272	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.153861	31,549,362	4,854,216 50.00
51.00	05100	RECOVERY ROOM	0.162609	3,141,924	510,905 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.734308	13,518	9,926 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.262698	5,421,666	1,424,261 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.110723	1,219,143	134,987 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.019455	12,666,334	246,424 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.037081	2,358,946	87,472 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.086797	12,193,835	1,058,388 59.00
60.00	06000	LABORATORY	0.489914	5,450,170	2,670,115 60.00
60.01	06001	PATHOLOGY	0.390503	600,872	234,642 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.505306	2,791,808	1,410,717 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.384488	3,825,456	1,470,842 65.00
66.00	06600	PHYSICAL THERAPY	0.394615	2,130,563	840,752 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.433300	347,660	150,641 67.00
68.00	06800	SPEECH PATHOLOGY	0.323322	670,475	216,779 68.00
69.00	06900	ELECTROCARDIOLOGY	0.084642	6,708,228	567,798 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.139770	751,156	104,989 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.591423	7,097,768	4,197,783 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.302415	17,921,840	5,419,833 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.274184	16,620,230	4,557,001 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.767881	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.168703	7,666,460	1,293,355 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.274611	63,483	17,433 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		141,210,897	31,479,259 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		141,210,897	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2012 To 08/31/2013	Worksheet D-3 Date/Time Prepared: 1/31/2014 9:36 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.153861	162	50.00
51.00	05100	RECOVERY ROOM	0.162609	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.734308	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.262698	124,203	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.110723	34,080	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.019455	19,478	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.037081	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.086797	0	59.00
60.00	06000	LABORATORY	0.489040	200,599	60.00
60.01	06001	PATHOLOGY	0.390503	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.505306	51,443	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.383704	0	65.00
66.00	06600	PHYSICAL THERAPY	0.394615	1,258,987	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.433300	425,371	67.00
68.00	06800	SPEECH PATHOLOGY	0.323322	65,661	68.00
69.00	06900	ELECTROCARDIOLOGY	0.084642	39,932	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.139770	5,724	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.591423	148,972	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.302415	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.274184	820,345	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.767881	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.168703	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.274611	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		3,194,957	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)		3,194,957	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet D-3 Date/Time Prepared: 1/31/2014 9:36 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		170,560	30.00
31.00	03100	INTENSIVE CARE UNIT		74,325	31.00
32.00	03200	CORONARY CARE UNIT		308,917	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		15,845	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.153861	676,725	104,122 50.00
51.00	05100	RECOVERY ROOM	0.162609	44,590	7,251 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.734308	33,826	24,839 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.262698	415,809	109,232 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.110723	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.019455	203,352	3,956 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.037081	108,571	4,026 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.086797	58,298	5,060 59.00
60.00	06000	LABORATORY	0.489040	450,962	220,538 60.00
60.01	06001	PATHOLOGY	0.390503	155,381	60,677 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.505306	12,950	6,544 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.383704	23,297	8,939 65.00
66.00	06600	PHYSICAL THERAPY	0.394615	5,431	2,143 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.433300	1,698	736 67.00
68.00	06800	SPEECH PATHOLOGY	0.323322	1,897	613 68.00
69.00	06900	ELECTROCARDIOLOGY	0.084642	85,411	7,229 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.139770	3,181	445 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.591423	189,129	111,855 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.302415	128,750	38,936 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.274184	556,136	152,484 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.767881	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.168703	112,855	19,039 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.274611	41,292	11,339 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		3,309,541	900,003 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,309,541	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part A Date/Time Prepared: 1/31/2014 9:35 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		44,171,171		1.00
2.00	Outlier payments for discharges. (see instructions)		1,622,103		2.00
2.01	Outlier reconciliation amount		0		2.01
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)		261.62		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.53		30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.95		31.00
32.00	Sum of lines 30 and 31		23.48		32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.58		33.00
34.00	Disproportionate share adjustment (see instructions)		3,789,886		34.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part A Date/Time Prepared: 1/31/2014 9:35 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
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	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)		49,583,160		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)		49,583,160		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,593,084		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		16,343		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)		53,192,587		59.00
60.00	Primary payer payments		54,896		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		53,137,691		61.00
62.00	Deductibles billed to program beneficiaries		4,681,031		62.00
63.00	Coinurance billed to program beneficiaries		131,180		63.00
64.00	Allowable bad debts (see instructions)		705,438		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		493,807		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		520,495		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		48,819,287		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		-1,330		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		17,536		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-44,578		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		48,790,915		71.00
71.01	Sequestration adjustment (see instructions)		409,844		71.01
72.00	Interim payments		47,986,707		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		394,364		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		808,332		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part A Date/Time Prepared: 1/31/2014 9:35 am	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet E Part B Date/Time Prepared: 1/31/2014 9:35 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,837	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,339,263	2.00
3.00	PPS payments		23,271,045	3.00
4.00	Outlier payment (see instructions)		62,714	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)		12,837	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		46,820	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)		46,820	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		46,820	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		33,983	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)		12,837	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)		23,333,759	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		10,031	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,117,447	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)		18,219,118	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)		18,219,118	30.00
31.00	Primary payer payments		10,125	31.00
32.00	Subtotal (line 30 minus line 31)		18,208,993	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		363,382	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		254,367	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		267,334	36.00
37.00	Subtotal (see instructions)		18,463,360	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-460	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		9	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		18,463,829	40.00
40.01	Sequestration adjustment (see instructions)		155,096	40.01
41.00	Interim payments		18,225,149	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		83,584	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet E-1
Part I
Date/Time Prepared:
1/31/2014 9:35 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		47,607,007		18,267,059	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	04/08/2013	353,303	08/28/2013	29,077	3.01	
3.02		08/28/2013	200,416	08/29/2013	11,366	3.02	
3.03		08/29/2013	125,842		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	04/08/2013	225,394	04/08/2013	82,353	3.50	
3.51		08/28/2013	74,467		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)		379,700		-41,910	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)		47,986,707		18,225,149	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		394,364		83,584	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		48,381,071		18,308,733	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: 180104
Component CCN: 185416

Period:
From 09/01/2012
To 08/31/2013

Worksheet E-1
Part I
Date/Time Prepared:
1/31/2014 9:36 am
PPS

Title XVIII
Skilled Nursing Facility

		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		1,370,777		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	08/28/2013	651		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)		-651		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)		1,370,126		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		130		0	6.02
7.00	Total Medicare program liability (see instructions)		1,369,996		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: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet E-1
Part II
Date/Time Prepared:
1/31/2014 9:35 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			12,509 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			28,076 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			3,764 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			52,819 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			775,237,423 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			31,430,496 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,013,074 8.00
9.00	Sequestration adjustment amount (see instructions)			40,261 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,972,813 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,146,208 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)			-173,395 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104 Component CCN: 185416	Period: From 09/01/2012 To 08/31/2013	Worksheet E-3 Part VI Date/Time Prepared: 1/31/2014 9:35 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,424,467	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,424,467	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		42,866	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,381,601	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		1,381,601	15.00
15.01	Sequestration adjustment (see instructions)		11,605	15.01
16.00	Interim payments		1,370,126	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17		-130	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 1/31/2014 9:35 am	
		Title XIX	Hospital	Tefra	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	136,232			1.00
2.00	Medical and other services		1,189,639		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	136,232	1,189,639		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	136,232	1,189,639		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	3,309,541	4,264,248		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	3,309,541	4,264,248		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	3,309,541	4,264,248		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	3,173,309	3,074,609		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	136,232	1,189,639		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0	0		24.00
25.00	Capital exception payments (see instructions)	0	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	136,232	1,189,639		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	136,232	1,189,639		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	136,232	1,189,639		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	136,232	1,189,639		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	136,232	1,189,639		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus 41)	136,232	1,189,639		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0		43.00

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

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet G

Date/Time Prepared:
1/31/2014 9:35 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	4,807,768	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	122,383,347	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-88,085,598	0	0	0	6.00
7.00	Inventory	6,319,652	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	6,899,760	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)	52,324,929	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,424,056	0	0	0	12.00
13.00	Land improvements	6,665,350	0	0	0	13.00
14.00	Accumulated depreciation	-5,795,504	0	0	0	14.00
15.00	Buildings	162,124,211	0	0	0	15.00
16.00	Accumulated depreciation	-74,124,780	0	0	0	16.00
17.00	Leasehold improvements	39,749,552	0	0	0	17.00
18.00	Accumulated depreciation	-25,683,804	0	0	0	18.00
19.00	Fixed equipment	14,170,725	0	0	0	19.00
20.00	Accumulated depreciation	-12,808,836	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	120,753,302	0	0	0	23.00
24.00	Accumulated depreciation	-95,628,984	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	136,845,288	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	6,039	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	37,560,354	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	37,566,393	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	226,736,610	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,175,649	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,151,247	0	0	0	38.00
39.00	Payroll taxes payable	-70	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	3,940,923	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,267,749	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	24,165,243	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	24,165,243	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	41,432,992	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	185,303,618				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)	185,303,618	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	226,736,610	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet G-1

Date/Time Prepared:
1/31/2014 9:35 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		182,345,153		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-10,540,734			2.00
3.00	Total (sum of line 1 and line 2)		171,804,419		0	3.00
4.00	MIS/SEED MONEY TRANSFERS	479,758		0		4.00
5.00	INCREASE IN RESTRICTED FUNDS	94,437		0		5.00
6.00	OTHER DIVISION	12,925,000		0		6.00
7.00	TO BALANCE	4		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		13,499,199		0	10.00
11.00	Subtotal (line 3 plus line 10)		185,303,618		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		185,303,618		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	MIS/SEED MONEY TRANSFERS		0			4.00
5.00	INCREASE IN RESTRICTED FUNDS		0			5.00
6.00	OTHER DIVISION		0			6.00
7.00	TO BALANCE		0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/31/2014 9:35 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	24,411,301		24,411,301	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,127,638		3,127,638	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	27,538,939		27,538,939	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,833,196		13,833,196	11.00
12.00	CORONARY CARE UNIT	11,594,972		11,594,972	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	25,428,168		25,428,168	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	52,967,107		52,967,107	17.00
18.00	Ancillary services	300,910,533	371,794,273	672,704,806	18.00
19.00	Outpatient services	0	49,565,643	49,565,643	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	PATIENT INCIDENTALS	0	12,843	12,843	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	353,877,640	421,372,759	775,250,399	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		223,344,436		29.00
30.00	SUPPORT SERVICES	2,265,588			30.00
31.00	OTHER DIVISIONS	12,803,000			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)		15,068,588		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)		238,413,024		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 180104

Period:
From 09/01/2012
To 08/31/2013

Worksheet G-3

Date/Time Prepared:
1/31/2014 9:35 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	775,250,399	1.00
2.00	Less contractual allowances and discounts on patients' accounts	553,807,268	2.00
3.00	Net patient revenues (line 1 minus line 2)	221,443,131	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	238,413,024	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-16,969,893	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	149,235	6.00
7.00	Income from investments	150,845	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	960,569	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	104,733	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	336,710	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,917,083	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	2,809,984	24.00
25.00	Total other income (sum of lines 6-24)	6,429,159	25.00
26.00	Total (line 5 plus line 25)	-10,540,734	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-10,540,734	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 180104	Period: From 09/01/2012 To 08/31/2013	Worksheet L Parts I-III Date/Time Prepared: 1/31/2014 9:36 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,465,126	1.00
2.00	Capital DRG outlier payments		127,958	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		144.71	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 (line 1 times line 5)		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 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,593,084	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00