

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: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 11/25/2013 9:33 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/25/2013 Time: 9:33 am
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 'MERCY HOSPITAL - ST. LOUIS ( 260020 ) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 Hospital	0	286,772	75,505	2,218,741	0 1.00
2.00 Subprovider - IPF	0	11,113	0		0 2.00
3.00 Subprovider - IRF	0	0	0		0 3.00
4.00 SUBPROVIDER I	0	0	0		0 4.00
5.00 Swing bed - SNF	0	0	0		0 5.00
6.00 Swing bed - NF	0				0 6.00
7.00 SKILLED NURSING FACILITY	0	-3,335	0		0 7.00
8.00 NURSING FACILITY	0				0 8.00
10.00 RURAL HEALTH CLINIC I	0		0		0 10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0 11.00
200.00 Total	0	294,550	75,505	2,218,741	0 200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/25/2013 9:29 am
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 PO Box:	3.00 Zip Code: 63141-	4.00 County: ST. LOUIS	1.00
2.00 Street: 615 S. NEW BALLAS ROAD	State: MO			2.00
2.00 City: ST. LOUIS				

	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	'MERCY HOSPITAL - ST. LOUIS	260020	41180	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	MERCY ST. LOUIS PSYCH CENTER	26S020	41180	4	07/01/1984	N	P	0	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
6.01	Subprovider - (Other) II									6.01
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	MERCY ST. LOUIS SNF	265298	41180		10/18/1985	N	P	0	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC	'MERCY ST. LOUIS SNF NON-CERT								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 - FOHC									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)					07/01/2012	06/30/2013	20.00	
21.00	Type of Control (see instructions)					1		21.00	

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00	12,641	5,712	819	806	23,298	0	24.00
25.00	0	0	0	0	0	0	25.00

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

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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		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 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)				Y	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)			0.34	33.87	0.009939	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.25	16.52	0.014908	65.00
65.01		INTERNAL MEDICINE	1400	0.25	21.92	0.011276	65.01
65.02		OB/GYN	1750	0.00	20.51	0.000000	65.02
				Unwei ghted FTEs Nonprovi der Si te	Unwei ghted 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)			0.08	38.05	0.002098	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	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.33	16.12	0.020061		67.00
67.01		INTERNAL MEDICINE	1400	0.00	22.00	0.000000		67.01
67.02		OB/GYN	1750	0.00	24.28	0.000000		67.02
					1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				Y	N	0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>								
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			
<b>Long Term Care Hospital PPS</b>								
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.						N	80.00
<b>TEFRA Providers</b>								
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		
<b>Title V and XIX Services</b>								
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.				Y		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00
<b>Rural Providers</b>								
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?				N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				N			106.00

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		V 1.00	XIX 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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		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.		2			118.00
			Premiums	Losses	Insurance	
			1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:		5,099,899	0	0	118.01
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			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
<b>All Providers</b>						
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		269034	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/25/2013 9:29 am			
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: MERCY HEALTH EAST COMMUNITIES	Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 05301			
142.00	Street: 645 MARYVILLE CENTRE DRIVE, STE. 100	PO Box: BOX 1602					
143.00	City: ST. LOUIS, MO 63141	State: WI	Zip Code: OMAHA				
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00		
				1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N	146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
158.01	SUBPROVIDER II	N	N	N	N		
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	N		
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				1.00	169.00	
				Begining	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2011	09/30/2012	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/25/2013 9:29 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	08/31/2012	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/25/2013 9:29 am
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	WILLIAM		COLLETTA	41.00
42.00	Enter the employer/company name of the cost report preparer.	MERCY			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314) 364-3525		645 MARYVILLE CENTRE DRIVE ST. LOUIS	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/25/2013 9:29 am
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		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	08/31/2012		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REGIONAL DIRECTOR, REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/25/2013 9:29 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	622	226,999	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)		622	226,999	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	66	24,090	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	9	3,285	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	98	35,770	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		811	295,984	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	48	17,520		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
18.01 SUBPROVIDER II	42.01	0	0		0	18.01
19.00 SKILLED NURSING FACILITY	44.00	70	25,550		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	50	18,250		0	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		979				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: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part I Date/Time Prepared: 11/25/2013 9:29 am
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	33,868	7,452	125,933			1.00
2.00 HMO and other (see instructions)	17,121	29,882				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)	33,868	7,452	125,933			7.00
8.00 INTENSIVE CARE UNIT	3,984	759	11,091			8.00
9.00 CORONARY CARE UNIT	1,816	294	4,613			9.00
10.00 BURN INTENSIVE CARE UNIT	540	764	2,944			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	2,348	23,850			12.00
13.00 NURSERY		771	18,377			13.00
14.00 Total (see instructions)	40,208	12,388	186,808	98.32	4,338.97	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	6,976	2,421	15,651	1.04	94.70	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
18.01 SUBPROVIDER II	0	0	0	0.00	0.00	18.01
19.00 SKILLED NURSING FACILITY	10,910	2,523	19,718	0.00	134.06	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			13,827	0.00	17.26	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				99.36	4,584.99	27.00
28.00 Observation Bed Days		1,131	9,020			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)		1,006	2,961			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/25/2013 9:29 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	8,190	1,875	36,360	1.00
2.00	HMO and other (see instructions)			0			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	NEONATAL INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	8,190	1,875	36,360	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	773	474	2,643	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
18.01	SUBPROVIDER II	0.00	0	0	0	0	18.01
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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet S-3 Part II Date/Time Prepared: 11/25/2013 9:29 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	297,361,111	861,452	298,222,563	9,952,750.00	29.96	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		2,970,678	-115,590	2,855,088	20,857.00	136.89	4.00
4.01	Physicians - Part A - Teaching		3,446,194	0	3,446,194	23,920.00	144.07	4.01
5.00	Physician-Part B		38,629,981	0	38,629,981	280,598.00	137.67	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	4,820,087	15,293	4,835,380	196,460.00	24.61	7.00
7.01	Contracted interns and residents (in an approved programs)		818,454	0	818,454	25,293.00	32.36	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	7,385,027	-1,735,784	5,649,243	278,853.00	20.26	9.00
10.00	Excluded area salaries (see instructions)		31,805,840	-3,854,474	27,951,366	978,241.00	28.57	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		1,111,389	0	1,111,389	28,972.00	38.36	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		453,943	0	453,943	1,333.00	340.54	13.00
14.00	Home office salaries & wage-related costs		63,339,473	0	63,339,473	1,741,688.00	36.37	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		58,141,996	0	58,141,996			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		7,310,194	0	7,310,194			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		177,152	0	177,152			22.00
22.01	Physician Part A - Teaching		213,829	0	213,829			22.01
23.00	Physician Part B		2,396,911	0	2,396,911			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,274,123	0	1,274,123			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	693	830,564	831,257	0.00	0.00	26.00
27.00	Administrative & General	5.00	29,437,331	-16,900,134	12,537,197	438,816.00	28.57	27.00
28.00	Administrative & General under contract (see inst.)		25,762	0	25,762	644.00	40.00	28.00
29.00	Maintenance & Repairs	6.00	3,084,670	0	3,084,670	125,947.00	24.49	29.00
30.00	Operation of Plant	7.00	1,471,324	0	1,471,324	82,412.00	17.85	30.00
31.00	Laundry & Linen Service	8.00	670,629	0	670,629	53,266.00	12.59	31.00
32.00	Housekeeping	9.00	5,805,859	0	5,805,859	438,467.00	13.24	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	6,296,562	-93,238	6,203,324	403,477.00	15.37	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	7,696,068	-238,969	7,457,099	189,823.00	39.28	38.00
39.00	Central Services and Supply	14.00	3,010,154	0	3,010,154	188,025.00	16.01	39.00
40.00	Pharmacy	15.00	9,960,239	0	9,960,239	249,640.00	39.90	40.00
41.00	Medical Records & Medical Records Library	16.00	642,501	0	642,501	28,630.00	22.44	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/25/2013 9:29 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	583,016	0	583,016	20,836.00	27.98	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/25/2013 9:29 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	249,672,157	846,159	250,518,316	9,427,123.00	26.57	1.00
2.00	Excluded area salaries (see instructions)	39,190,867	-5,590,258	33,600,609	1,257,094.00	26.73	2.00
3.00	Subtotal salaries (line 1 minus line 2)	210,481,290	6,436,417	216,917,707	8,170,029.00	26.55	3.00
4.00	Subtotal other wages & related costs (see inst.)	64,904,805	0	64,904,805	1,771,993.00	36.63	4.00
5.00	Subtotal wage-related costs (see inst.)	58,319,148	0	58,319,148	0.00	26.89	5.00
6.00	Total (sum of lines 3 thru 5)	333,705,243	6,436,417	340,141,660	9,942,022.00	34.21	6.00
7.00	Total overhead cost (see instructions)	68,684,808	-16,401,777	52,283,031	2,219,983.00	23.55	7.00



HOSPITAL WAGE RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2013 9:29 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			8,940 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		9,494,665	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		30,840,190	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,960,944	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		502,008	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,125,094	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,813,693	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		15,572,347	17.00
18.00	Medicare Taxes - Employers Portion Only		3,924,820	18.00
19.00	Unemployment Insurance		343,587	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		412,714	22.00
23.00	Tuition Reimbursement		2,321,076	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		68,320,078	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part V Date/Time Prepared: 11/25/2013 9:29 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,955,605	0	1.00
2.00	Hospital	1,955,605	0	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
5.01	Subprovider - (Other) 1	0	0	5.01
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet S-7

Date/Time Prepared:  
11/25/2013 9:29 am

		1.00	2.00	
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	0	0	0	3.00
4.00		RUL	12	0	12	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	23	0	23	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	224	0	224	12.00
13.00		RUB	1,547	0	1,547	13.00
14.00		RUA	2,593	0	2,593	14.00
15.00		RVC	188	0	188	15.00
16.00		RVB	1,398	0	1,398	16.00
17.00		RVA	2,409	0	2,409	17.00
18.00		RHC	192	0	192	18.00
19.00		RHB	491	0	491	19.00
20.00		RHA	514	0	514	20.00
21.00		RMC	81	0	81	21.00
22.00		RMB	122	0	122	22.00
23.00		RMA	182	0	182	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	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	18	0	18	30.00
31.00		HD2	7	0	7	31.00
32.00		HD1	18	0	18	32.00
33.00		HC2	98	0	98	33.00
34.00		HC1	22	0	22	34.00
35.00		HB2	33	0	33	35.00
36.00		HB1	331	0	331	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	15	0	15	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	84	0	84	41.00
42.00		LC1	11	0	11	42.00
43.00		LB2	14	0	14	43.00
44.00		LB1	20	0	20	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	0	0	0	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	21	0	21	50.00
51.00		CB2	11	0	11	51.00
52.00		CB1	85	0	85	52.00
53.00		CA2	20	0	20	53.00
54.00		CA1	61	0	61	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	4	0	4	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: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet S-7

Date/Time Prepared:  
11/25/2013 9:29 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	2	0	2	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	24	0	24	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	16	0	16	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	2	0	2	78.00
199.00		AAA	17	0	17	199.00
200.00	TOTAL		10,910	0	10,910	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	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).		41180	41180	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		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		23,827,360			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet S-10	Date/Time Prepared: 11/25/2013 9:29 am
					1.00
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.245105	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			76,897,342	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			300,163,310	6.00
7.00	Medicaid cost (line 1 times line 6)			73,571,528	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
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)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	10,568,880	50,092,725	60,661,605	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,590,485	12,277,977	14,868,462	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)	2,590,485	12,277,977	14,868,462	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)			44,242,808	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,268,474	27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)			42,974,334	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			10,533,224	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			25,401,686	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			25,401,686	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet A Date/Time Prepared: 11/25/2013 9:29 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		0	0	33,833,987	33,833,987	1.00
1.01 00101 OTHER BUILDING-MOB		0	0	1,433,736	1,433,736	1.01
1.02 00102 OTHER BUILDING-CANCER CENTER		0	0	1,978,752	1,978,752	1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	22,619,046	22,619,046	2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB		0	0	559,508	559,508	2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER		0	0	3,149,552	3,149,552	2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	693	66,632,304	66,632,997	-5,937,970	60,695,027	4.00
5.02 00511 PURCHASING	0	0	0	0	0	5.02
5.03 00512 ADMINITTING	3,900,507	415,752	4,316,259	-92,761	4,223,498	5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	25,536,824	137,688,017	163,224,841	-16,959,243	146,265,598	5.04
6.00 00600 MAINTENANCE & REPAIRS	3,084,670	15,125,727	18,210,397	-5,189,213	13,021,184	6.00
7.00 00700 OPERATION OF PLANT	1,471,324	7,693,522	9,164,846	-5,684,203	3,480,643	7.00
7.01 00701 OTHER BUILDING-MOB	0	4,615,468	4,615,468	-2,129,533	2,485,935	7.01
7.02 00702 OTHER BUILDING-CANCER CENTER	0	2,561,032	2,561,032	-1,418,006	1,143,026	7.02
7.03 00703 HEART HOSPITAL	0	6,172,419	6,172,419	-6,189,038	-16,619	7.03
8.00 00800 LAUNDRY & LINEN SERVICE	670,629	773,737	1,444,366	1,641,943	3,086,309	8.00
9.00 00900 HOUSEKEEPING	5,805,859	432,230	6,238,089	-332,959	5,905,130	9.00
9.01 00901 HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02 00902 HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00 01000 DIETARY	6,296,562	6,213,781	12,510,343	-428,744	12,081,599	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	7,696,068	732,743	8,428,811	-687,122	7,741,689	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	3,010,154	1,371,777	4,381,931	-752,646	3,629,285	14.00
15.00 01500 PHARMACY	9,960,239	40,045,886	50,006,125	-37,657,837	12,348,288	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	642,501	536,634	1,179,135	-1,779	1,177,356	16.00
17.00 01700 SOCIAL SERVICE	583,016	1,555,830	2,138,846	-67,128	2,071,718	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	4,820,087	1,127,791	5,947,878	9,079	5,956,957	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	6,839,436	3,473,500	10,312,936	-5,331,432	4,981,504	22.00
23.00 02300 PARAMED ED PRGM	190,115	11,480	201,595	-1,883	199,712	23.00
23.01 02301 RADIOLOGY SCHOOL	188,854	5,873	194,727	-262	194,465	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	44,445,657	10,246,778	54,692,435	3,113,398	57,805,833	30.00
31.00 03100 INTENSIVE CARE UNIT	9,330,799	2,641,382	11,972,181	7,748,116	19,720,297	31.00
32.00 03200 CORONARY CARE UNIT	2,640,700	664,867	3,305,567	-280,232	3,025,335	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	1,584,823	471,482	2,056,305	-218,844	1,837,461	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	10,711,135	3,483,692	14,194,827	-2,129,920	12,064,907	35.00
40.00 04000 SUBPROVIDER - I PF	5,278,713	544,807	5,823,520	1,551,121	7,374,641	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
42.01 04201 SUBPROVIDER II	0	0	0	0	0	42.01
43.00 04300 NURSERY	105,129	117,184	222,313	5,740,476	5,962,789	43.00
44.00 04400 SKILLED NURSING FACILITY	7,385,027	1,350,299	8,735,326	-2,627,043	6,108,283	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	1,986,470	1,986,470	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	13,474,694	54,370,512	67,845,206	-41,352,355	26,492,851	50.00
51.00 05100 RECOVERY ROOM	2,159,041	154,627	2,313,668	-125,888	2,187,780	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	9,925,947	4,120,948	14,046,895	-3,451,505	10,595,390	52.00
53.00 05300 ANESTHESIOLOGY	629,786	5,035,018	5,664,804	-4,869,436	795,368	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,277,252	8,127,360	15,404,612	-5,666,889	9,737,723	54.00
54.01 05401 ULTRASOUND	1,690,739	1,342,072	3,032,811	-745,309	2,287,502	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	2,157,603	7,121,978	9,279,581	-4,087,386	5,192,195	55.00
56.00 05600 RADIO SOTOPE	1,252,871	2,456,732	3,709,603	-2,169,399	1,540,204	56.00
56.01 05601 ONCOLOGY	0	0	0	0	0	56.01
57.00 05700 CT SCAN	1,032,038	1,411,980	2,444,018	-1,257,548	1,186,470	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	504,828	1,183,212	1,688,040	-1,114,435	573,605	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,979,340	5,711,808	7,691,148	-5,187,925	2,503,223	59.00
60.00 06000 LABORATORY	8,861,799	12,023,649	20,885,448	-670,232	20,215,216	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,602,324	2,875,797	5,478,121	-79,667	5,398,454	62.00
65.00 06500 RESPIRATORY THERAPY	7,058,480	2,491,754	9,550,234	-1,400,119	8,150,115	65.00
66.00 06600 PHYSICAL THERAPY	9,242,133	4,593,986	13,836,119	-1,130,044	12,706,075	66.00
69.00 06900 ELECTROCARDIOLOGY	6,024,351	11,923,537	17,947,888	-10,192,099	7,755,789	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	35,754,956	35,754,956	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	32,408,000	32,408,000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	46,033,046	46,033,046	73.00
74.00 07400 RENAL DIALYSIS	522,132	266,807	788,939	-230,551	558,388	74.00
75.00 07500 ASC (NON-DISTINCT PART)	3,497,981	3,495,223	6,993,204	-1,714,453	5,278,751	75.00
76.00 03020 CARDIAC REHAB	863,773	58,775	922,548	-22,640	899,908	76.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A  
Date/Time Prepared:  
11/25/2013 9:29 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	
76.01	03021 GI LAB	3,103,602	3,994,973	7,098,575	-3,200,725	3,897,850	76.01
76.02	03022 ECT	153,197	34,299	187,496	-29,081	158,415	76.02
76.03	03023 O/P PSYCH	622,865	753,321	1,376,186	-210,686	1,165,500	76.03
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	3,946,068	4,685,176	8,631,244	-3,380,113	5,251,131	90.00
90.01	09001 HYPERBARIC/OP WOUND	639,138	394,244	1,033,382	-280,966	752,416	90.01
91.00	09100 EMERGENCY	18,342,086	5,066,145	23,408,231	-3,369,879	20,038,352	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	1,469,364	413,945	1,883,309	-272,487	1,610,822	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	3,851	3,851	0	3,851	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		271,212,953	460,817,723	732,030,676	9,231,571	741,262,247	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	289,592	1,245,468	1,535,060	-105,681	1,429,379	190.00
190.01	19001 VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	1,344,044	634,686	1,978,730	-711,549	1,267,181	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	13,381,400	6,107,370	19,488,770	-17,270,125	2,218,645	192.00
193.00	19300 NONPAID WORKERS	91,792	44,574	136,366	-16,901	119,465	193.00
193.01	19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303 CONVENT	0	0	0	0	0	193.03
193.06	19306 VACANT SPACE	0	0	0	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	203,344	103,358	306,702	-22,444	284,258	194.00
194.01	07951 HOSPICE	0	52,700	52,700	0	52,700	194.01
194.02	07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	906,114	2,025,208	2,931,322	921,544	3,852,866	194.03
194.04	07954 SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958 REHAB HOSPITAL	9,931,872	13,366,283	23,298,155	0	23,298,155	194.08
194.09	07960 MERCY SAFEWATCH	0	0	0	7,973,585	7,973,585	194.09
200.00		297,361,111	484,397,370	781,758,481	0	781,758,481	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A  
Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-362,699	33,471,288	1.00
1.01	00101	OTHER BUILDING-MOB	0	1,433,736	1.01
1.02	00102	OTHER BUILDING-CANCER CENTER	0	1,978,752	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-236,276	22,382,770	2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	559,508	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	3,149,552	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	21,525,451	82,220,478	4.00
5.02	00511	PURCHASING	294,281	294,281	5.02
5.03	00512	ADMINISTRATIVE	0	4,223,498	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	32,811,478	179,077,076	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	13,021,184	6.00
7.00	00700	OPERATION OF PLANT	-188,172	3,292,471	7.00
7.01	00701	OTHER BUILDING-MOB	-247,720	2,238,215	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	-1,257,260	-114,234	7.02
7.03	00703	HEART HOSPITAL	-420,482	-437,101	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,086,309	8.00
9.00	00900	HOUSEKEEPING	0	5,905,130	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	9.03
10.00	01000	DIETARY	-4,602,859	7,478,740	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-917,453	6,824,236	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-3,312	3,625,973	14.00
15.00	01500	PHARMACY	-264,091	12,084,197	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-51,177	1,126,179	16.00
17.00	01700	SOCIAL SERVICE	-22,440	2,049,278	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,667	5,955,290	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,173,855	3,807,649	22.00
23.00	02300	PARAMEDICAL PRGM	-41,518	158,194	23.00
23.01	02301	RADIOLOGY SCHOOL	-88,530	105,935	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-15,737,936	42,067,897	30.00
31.00	03100	INTENSIVE CARE UNIT	-7,188,062	12,532,235	31.00
32.00	03200	CORONARY CARE UNIT	0	3,025,335	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	1,837,461	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	-347,687	11,717,220	35.00
40.00	04000	SUBPROVIDER - I PF	-1,676,413	5,698,228	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
42.01	04201	SUBPROVIDER II	0	0	42.01
43.00	04300	NURSERY	0	5,962,789	43.00
44.00	04400	SKILLED NURSING FACILITY	-11,373	6,096,910	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	1,986,470	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-1,003,035	25,489,816	50.00
51.00	05100	RECOVERY ROOM	0	2,187,780	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-440	10,594,950	52.00
53.00	05300	ANESTHESIOLOGY	0	795,368	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-463,705	9,274,018	54.00
54.01	05401	ULTRASOUND	-283,277	2,004,225	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-80	5,192,115	55.00
56.00	05600	RADIOISOTOPE	0	1,540,204	56.00
56.01	05601	ONCOLOGY	0	0	56.01
57.00	05700	CT SCAN	-3,209	1,183,261	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	573,605	58.00
59.00	05900	CARDIAC CATHETERIZATION	-186	2,503,037	59.00
60.00	06000	LABORATORY	-119,330	20,095,886	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-37,242	5,361,212	62.00
65.00	06500	RESPIRATORY THERAPY	-123,158	8,026,957	65.00
66.00	06600	PHYSICAL THERAPY	-1,461,760	11,244,315	66.00
69.00	06900	ELECTROCARDIOLOGY	-3,223,357	4,532,432	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,754,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	32,408,000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,033,046	73.00
74.00	07400	RENAL DIALYSIS	0	558,388	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-106,425	5,172,326	75.00
76.00	03020	CARDIAC REHAB	-2,730	897,178	76.00
76.01	03021	GI LAB	-16,223	3,881,627	76.01
76.02	03022	ECT	0	158,415	76.02



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A  
Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
76.03	03023 O/P PSYCH	-86,765	1,078,735	76.03
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	-3,366,698	1,884,433	90.00
90.01	09001 HYPERBARIC/OP WOUND	-185,890	566,526	90.01
91.00	09100 EMERGENCY	-8,291,918	11,746,434	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201 AMBULATORY CARE UNIT	0	1,610,822	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	3,851	95.00
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	1,014,800	742,277,047	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,429,379	190.00
190.01	19001 VENDING MACHINES	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	190.02
191.00	19100 RESEARCH	0	1,267,181	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	2,218,645	192.00
193.00	19300 NONPAID WORKERS	0	119,465	193.00
193.01	19301 MEALS ON WHEELS	0	0	193.01
193.03	19303 CONVENT	0	0	193.03
193.06	19306 VACANT SPACE	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	0	284,258	194.00
194.01	07951 HOSPICE	0	52,700	194.01
194.02	07952 SHARED SERVICES	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	0	3,852,866	194.03
194.04	07954 SJMH SHARED SERVICES	132,900,083	132,900,083	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.07
194.08	07958 REHAB HOSPITAL	0	23,298,155	194.08
194.09	07960 MERCY SAFEWATCH	0	7,973,585	194.09
200.00	20000 TOTAL (SUM OF LINES 118-199)	133,914,883	915,673,364	200.00

RECLASSIFICATIONS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-6

Date/Time Prepared:  
11/25/2013 9:29 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - NURSERY COSTS</b>					
1.00	NURSERY	43.00	4,742,354	1,004,204	1.00
	TOTALS		4,742,354	1,004,204	
<b>B - INTERNS AND RESIDENTS TEACHING</b>					
1.00	I & R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,255,308	0	1.00
2.00		0.00	0	0	2.00
	TOTALS		1,255,308	0	
<b>C - CONFIDENTIAL PAYROLL</b>					
1.00	ADULTS & PEDIATRICS	30.00	8,652,132	1,522,672	1.00
2.00	ADULTS & PEDIATRICS	30.00	3,811,728	51,438	2.00
3.00	ADULTS & PEDIATRICS	30.00	1,995,389	426,001	3.00
4.00	ADULTS & PEDIATRICS	30.00	109,106	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	7,245,358	6,080	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	40,015	0	6.00
7.00	SUBPROVIDER - IPF	40.00	115,590	1,484,227	7.00
8.00	OPERATING ROOM	50.00	1,281,202	0	8.00
9.00	RESPIRATORY THERAPY	65.00	174,702	0	9.00
10.00	GI LAB	76.01	33,825	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	1,548,428	0	11.00
	TOTALS		25,007,475	3,490,418	
<b>D - BUILDING DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	30,995,170	1.00
2.00	OTHER BUILDING-MOB	1.01	0	1,147,720	2.00
3.00	OTHER BUILDING-CANCER CENTER	1.02	0	1,807,108	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00

RECLASSIFICATIONS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-6

Date/Time Prepared:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
TOTALS			0	33,949,998	
<b>E - HOUSEKEEPING SERVICES</b>					
1.00	OPERATION OF PLANT	7.00	0	226,683	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
TOTALS			0	226,683	
<b>F - COST OF DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	46,033,046	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	11,016	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
TOTALS			0	46,044,062	
<b>G - PLANT MAINTENANCE</b>					
1.00	OPERATION OF PLANT	7.00	0	763,033	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
TOTALS			0	763,033	

RECLASSIFICATIONS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-6  
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>H - NONCERTIFIED SNF</b>					
1.00	OTHER LONG TERM CARE	46.00	1,735,784	250,686	1.00
	TOTALS		1,735,784	250,686	
<b>I - PROPERTY TAX</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,012,263	1.00
2.00	OTHER BUILDING-MOB	1.01	0	286,016	2.00
3.00	OTHER BUILDING-CANCER CENTER	1.02	0	171,644	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	2,469,923	
<b>J - PENSION EXPENSE</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	11,965,694	1.00
	TOTALS		0	11,965,694	
<b>K - COMMUNITY ONCOLOGY</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	122,529	1.00
	TOTALS		0	122,529	
<b>L - INTEREST</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	826,554	1.00
	TOTALS		0	826,554	
<b>M - DIETARY TECH SALARY</b>					
1.00	SUBPROVIDER - IPF	40.00	55,112	0	1.00
2.00	CLINIC	90.00	38,126	0	2.00
	TOTALS		93,238	0	
<b>N - EQUIPMENT DEPRECIATION (PT. I OF II)</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	22,359,382	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0	555,988	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	2.02	0	3,146,475	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00

RECLASSIFICATIONS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-6

Date/Time Prepared:  
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
	<b>TOTALS</b>		0	26,061,845	
<b>O - CRITICAL CARE FELLOWSHIP PROGRAM</b>					
1.00	INTENSIVE CARE UNIT	31.00	604,081	1,251	1.00
2.00	CORONARY CARE UNIT	32.00	153,580	318	2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	153,580	318	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	153,580	318	4.00
	<b>TOTALS</b>		1,064,821	2,205	
<b>P - UTILITIES - SNF ADMIN</b>					
1.00	OPERATION OF PLANT	7.00	0	167,609	1.00
	<b>TOTALS</b>		0	167,609	
<b>Q - STAFF BENEFITS</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	1,829,806	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	10,149	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	34,776	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	704	4.00
5.00	OPERATING ROOM	50.00	0	6,301	5.00
6.00	RECOVERY ROOM	51.00	0	2,600	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	<b>TOTALS</b>		0	1,884,336	
<b>R - PHYSICIANS' BENEFITS</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	4,209,020	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
	<b>TOTALS</b>		0	4,209,020	
<b>S - LAUNDRY</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,644,892	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
	TOTALS		0	1,644,892		
V - PATIENT PLACEMENT						
1.00	NURSING ADMINISTRATION	13.00	821,852	15,607		1.00
	TOTALS		821,852	15,607		
W - INTERVENTIONAL CARE HH						
1.00	CORONARY CARE UNIT	32.00	8,292	1,512		1.00
	TOTALS		8,292	1,512		
Y - EMERGENCY DEPT ROUTINE REVENUE						
1.00	ADULTS & PEDIATRICS	30.00	276,411	76,536		1.00
	TOTALS		276,411	76,536		
AA - MOB HEART HOSPITAL						
1.00	OPERATION OF PLANT	7.00	0	420,481		1.00
	TOTALS		0	420,481		
BB - RECRUITMENT AND SIGN ON BONUS						
1.00	EMPLOYEE BENEFITS	4.00	6,000	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,500	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	6,000	0		3.00
4.00	OPERATING ROOM	50.00	3,500	0		4.00
	TOTALS		17,000	0		
CC - SUPPLIES RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	35,754,956		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00

RECLASSIFICATIONS

Provider CCN: 260020

Period:  
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
TOTALS					35,754,956	
DD - IMPLANT SUPPLIES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	32,408,000		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
TOTALS					32,408,000	
EE - MERCY SAFEWATCH EXPENSE RECLASS						
1.00	INTENSIVE CARE UNIT	31.00	1,622,180	28,126		1.00
2.00	CORONARY CARE UNIT	32.00	122,579	2,125		2.00
3.00	MERCY SAFEWATCH	194.09	5,742,338	2,231,247		3.00
TOTALS					7,487,097	2,261,498
FF - CHILD CARE CENTER						
1.00	ST. JOHN'S MERCY HEALTH CARE	194.03	1,074,854	101,935		1.00
TOTALS					1,074,854	101,935
GG - SALARY RECLASS						
1.00	EMPLOYEE BENEFITS	4.00	824,564	0		1.00
2.00	NURSING ADMINISTRATION	13.00	4,000	0		2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	15,293	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	595	0		4.00
TOTALS					844,452	0
NN - EQUIPMENT DEPRECIATION (PT II OF II)						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	259,664		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0	3,520		2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	2.02	0	3,077		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
TOTALS					0	266,261
500.00	Grand Total : Increases		44,428,938	206,390,477		500.00

RECLASSIFICATIONS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - NURSERY COSTS</b>							
1.00	ADULTS & PEDIATRICS	30.00	4,742,354	1,004,204	0		1.00
	TOTALS		4,742,354	1,004,204			
<b>B - INTERNS AND RESIDENTS TEACHING</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,241,140	0	0		1.00
2.00	EMERGENCY	91.00	14,168	0	0		2.00
	TOTALS		1,255,308	0			
<b>C - CONFIDENTIAL PAYROLL</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	7,104,543	6,080	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	5,324,185	494,557	0		2.00
3.00	RESEARCH	191.00	336,921	0	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	12,218,000	2,985,614	0		4.00
5.00	ST. JOHN'S MERCY HEALTH CARE	194.03	23,826	0	0		5.00
6.00	OPERATING ROOM	50.00	0	4,167	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	TOTALS		25,007,475	3,490,418			
<b>D - BUILDING DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	562	9		1.00
2.00	ADMINISTRATIVE	5.03	0	62,885	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	3,148,964	9		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	5,010,775	9		4.00
5.00	OPERATION OF PLANT	7.00	0	6,932,473	9		5.00
6.00	OTHER BUILDING-MOB	7.01	0	832,892	9		6.00
7.00	OTHER BUILDING-CANCER CENTER	7.02	0	1,100,071	9		7.00
8.00	HEART HOSPITAL	7.03	0	5,672,033	9		8.00
9.00	HOUSEKEEPING	9.00	0	22,098	9		9.00
10.00	DIETARY	10.00	0	120,245	9		10.00
11.00	NURSING ADMINISTRATION	13.00	0	178,366	9		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	311,317	9		12.00
13.00	PHARMACY	15.00	0	260,120	9		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,779	9		14.00
15.00	SOCIAL SERVICE	17.00	0	25,781	9		15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	99,661	9		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	2,797,467	9		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	122,663	9		18.00
19.00	CORONARY CARE UNIT	32.00	0	8,335	9		19.00
20.00	BURN INTENSIVE CARE UNIT	33.00	0	34,898	9		20.00
21.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	784,957	9		21.00
22.00	SUBPROVIDER - IPF	40.00	0	43,908	9		22.00
23.00	SKILLED NURSING FACILITY	44.00	0	44,211	9		23.00
24.00	OPERATING ROOM	50.00	0	663,822	9		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,050,215	9		25.00
26.00	ANESTHESIOLOGY	53.00	0	96,127	9		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	587,288	9		27.00
28.00	ULTRASOUND	54.01	0	273,048	9		28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	0	388,777	9		29.00
30.00	RADIOISOTOPE	56.00	0	90,514	9		30.00
31.00	CT SCAN	57.00	0	87,932	9		31.00
32.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	117,301	9		32.00
33.00	CARDIAC CATHETERIZATION	59.00	0	262,777	9		33.00
34.00	LABORATORY	60.00	0	192,196	9		34.00
35.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	48,539	9		35.00
36.00	RESPIRATORY THERAPY	65.00	0	124,400	9		36.00
37.00	PHYSICAL THERAPY	66.00	0	375,683	9		37.00
38.00	ELECTROCARDIOLOGY	69.00	0	151,277	9		38.00
39.00	RENAL DIALYSIS	74.00	0	6,957	9		39.00
40.00	ASC (NON-DISTINCT PART)	75.00	0	458,773	9		40.00
41.00	GI LAB	76.01	0	637,043	9		41.00
42.00	O/P PSYCH	76.03	0	120,524	9		42.00
43.00	CLINIC	90.00	0	157,519	9		43.00
44.00	HYPERBARIC/OP WOUND	90.01	0	3,193	9		44.00
45.00	EMERGENCY	91.00	0	127,990	9		45.00
46.00	AMBULATORY CARE UNIT	92.01	0	34,248	9		46.00



RECLASSIFICATIONS

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Period:  
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
47.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	89,963	9	47.00
48.00	RESEARCH	191.00	0	146,935	9	48.00
49.00	NONPAID WORKERS	193.00	0	13,976	9	49.00
50.00	NEIGHBORHOOD MINISTRIES	194.00	0	19,179	9	50.00
51.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	7,341	9	51.00
	TOTALS		0	33,949,998		
<b>E - HOUSEKEEPING SERVICES</b>						
1.00	OTHER BUILDING-MOB	7.01	0	92,392	0	1.00
2.00	OTHER BUILDING-CANCER CENTER	7.02	0	4,974	0	2.00
3.00	DIETARY	10.00	0	80	0	3.00
4.00	PHARMACY	15.00	0	50	0	4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	501	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,801	0	6.00
7.00	ULTRASOUND	54.01	0	4,548	0	7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	54	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	2,025	0	9.00
10.00	LABORATORY	60.00	0	6,690	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	23,990	0	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	13	0	12.00
13.00	ASC (NON-DISTINCT PART)	75.00	0	821	0	13.00
14.00	GI LAB	76.01	0	41,708	0	14.00
15.00	O/P PSYCH	76.03	0	34,814	0	15.00
16.00	CLINIC	90.00	0	731	0	16.00
17.00	EMERGENCY	91.00	0	11,491	0	17.00
	TOTALS		0	226,683		
<b>F - COST OF DRUGS</b>						
1.00	OPERATION OF PLANT	7.00	0	15	0	1.00
2.00	HOUSEKEEPING	9.00	0	553	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	122	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	195	0	4.00
5.00	PHARMACY	15.00	0	37,022,200	0	5.00
6.00	SOCIAL SERVICE	17.00	0	32,106	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	36,822	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	26,655	0	8.00
9.00	CORONARY CARE UNIT	32.00	0	6,171	0	9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	1,512	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	17,534	0	11.00
12.00	SUBPROVIDER - IPF	40.00	0	2,899	0	12.00
13.00	SKILLED NURSING FACILITY	44.00	0	11,527	0	13.00
14.00	OPERATING ROOM	50.00	0	206,398	0	14.00
15.00	RECOVERY ROOM	51.00	0	18	0	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9,629	0	16.00
17.00	ANESTHESIOLOGY	53.00	0	1,386,937	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	472,296	0	18.00
19.00	ULTRASOUND	54.01	0	75	0	19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,018	0	20.00
21.00	RADIOISOTOPE	56.00	0	1,535,454	0	21.00
22.00	CT SCAN	57.00	0	868,791	0	22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	171,081	0	23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	279,308	0	24.00
25.00	LABORATORY	60.00	0	2,319	0	25.00
26.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	5,865	0	26.00
27.00	RESPIRATORY THERAPY	65.00	0	405,171	0	27.00
28.00	PHYSICAL THERAPY	66.00	0	1,602	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	0	420,897	0	29.00
30.00	RENAL DIALYSIS	74.00	0	54	0	30.00
31.00	ASC (NON-DISTINCT PART)	75.00	0	9,444	0	31.00
32.00	CARDIAC REHAB	76.00	0	2	0	32.00
33.00	GI LAB	76.01	0	44,185	0	33.00
34.00	ECT	76.02	0	10,634	0	34.00
35.00	CLINIC	90.00	0	2,978,935	0	35.00
36.00	HYPERBARIC/OP WOUND	90.01	0	773	0	36.00
37.00	EMERGENCY	91.00	0	64,532	0	37.00
38.00	AMBULATORY CARE UNIT	92.01	0	939	0	38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	49	0	39.00
40.00	NEIGHBORHOOD MINISTRIES	194.00	0	1,000	0	40.00
41.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	6,345	0	41.00
	TOTALS		0	46,044,062		

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>G - PLANT MAINTENANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	480	0		1.00
2.00	OTHER BUILDING-MOB	7.01	0	388,567	0		2.00
3.00	OTHER BUILDING-CANCER CENTER	7.02	0	113,935	0		3.00
4.00	HEART HOSPITAL	7.03	0	16,620	0		4.00
5.00	HOUSEKEEPING	9.00	0	239,911	0		5.00
6.00	LABORATORY	60.00	0	960	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	480	0		7.00
8.00	EMERGENCY	91.00	0	2,080	0		8.00
	TOTALS		0	763,033			
<b>H - NONCERTIFIED SNF</b>							
1.00	SKILLED NURSING FACILITY	44.00	1,735,784	250,686	0		1.00
	TOTALS		1,735,784	250,686			
<b>I - PROPERTY TAX</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,419,598		13	1.00
2.00	OTHER BUILDING-MOB	7.01	0	800,599		13	2.00
3.00	OTHER BUILDING-CANCER CENTER	7.02	0	171,644		13	3.00
4.00	PHYSICAL THERAPY	66.00	0	29,133		13	4.00
5.00	O/P PSYCH	76.03	0	48,949		13	5.00
	TOTALS		0	2,469,923			
<b>J - PENSION EXPENSE</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	11,965,694	0		1.00
	TOTALS		0	11,965,694			
<b>K - COMMUNITY ONCOLOGY</b>							
1.00	RESEARCH	191.00	0	122,529	0		1.00
	TOTALS		0	122,529			
<b>L - INTEREST</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	826,554		11	1.00
	TOTALS		0	826,554			
<b>M - DIETARY TECH SALARY</b>							
1.00	DIETARY	10.00	55,112	0	0		1.00
2.00	DIETARY	10.00	38,126	0	0		2.00
	TOTALS		93,238	0			
<b>N - EQUIPMENT DEPRECIATION (PT. I OF II)</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	6,474		9	1.00
2.00	ADMINISTRATIVE	5.03	0	29,876		9	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	2,710,766		9	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	176,358		9	4.00
5.00	OPERATION OF PLANT	7.00	0	327,441		9	5.00
6.00	OTHER BUILDING-MOB	7.01	0	15,083		9	6.00
7.00	OTHER BUILDING-CANCER CENTER	7.02	0	27,382		9	7.00
8.00	HEART HOSPITAL	7.03	0	79,904		9	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	2,949		9	9.00
10.00	HOUSEKEEPING	9.00	0	68,132		9	10.00
11.00	DIETARY	10.00	0	121,420		9	11.00
12.00	NURSING ADMINISTRATION	13.00	0	218,226		9	12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	438,260		9	13.00
14.00	PHARMACY	15.00	0	346,883		9	14.00
15.00	SOCIAL SERVICE	17.00	0	9,241		9	15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	624		9	16.00
17.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	42,248		9	17.00
18.00	PARAMEDICAL PRGM	23.00	0	1,883		9	18.00
19.00	RADIOLOGY SCHOOL	23.01	0	262		9	19.00
20.00	ADULTS & PEDIATRICS	30.00	0	2,024,901		9	20.00
21.00	INTENSIVE CARE UNIT	31.00	0	610,809		9	21.00
22.00	CORONARY CARE UNIT	32.00	0	236,217		9	22.00
23.00	BURN INTENSIVE CARE UNIT	33.00	0	58,452		9	23.00
24.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	988,032		9	24.00
25.00	SUBPROVIDER - IPF	40.00	0	24,226		9	25.00
26.00	NURSERY	43.00	0	6,082		9	26.00
27.00	SKILLED NURSING FACILITY	44.00	0	168,330		9	27.00
28.00	OPERATING ROOM	50.00	0	3,188,305		9	28.00
29.00	RECOVERY ROOM	51.00	0	33,765		9	29.00
30.00	DELIVERY ROOM & LABOR ROOM	52.00	0	778,140		9	30.00
31.00	ANESTHESIOLOGY	53.00	0	630,457		9	31.00
32.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,599,114		9	32.00
33.00	ULTRASOUND	54.01	0	446,922		9	33.00
34.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,310,970		9	34.00

RECLASSIFICATIONS

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
35.00	RADIOISOTOPE	56.00	0	506,478	9	35.00	
36.00	CT SCAN	57.00	0	168,770	9	36.00	
37.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	758,456	9	37.00	
38.00	CARDIAC CATHETERIZATION	59.00	0	668,770	9	38.00	
39.00	LABORATORY	60.00	0	452,068	9	39.00	
40.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	16,125	9	40.00	
41.00	RESPIRATORY THERAPY	65.00	0	522,296	9	41.00	
42.00	PHYSICAL THERAPY	66.00	0	141,254	9	42.00	
43.00	ELECTROCARDIOLOGY	69.00	0	1,062,726	9	43.00	
44.00	RENAL DIALYSIS	74.00	0	32,897	9	44.00	
45.00	ASC (NON-DISTINCT PART)	75.00	0	607,875	9	45.00	
46.00	CARDIAC REHAB	76.00	0	18,754	9	46.00	
47.00	GI LAB	76.01	0	903,039	9	47.00	
48.00	O/P PSYCH	76.03	0	6,399	9	48.00	
49.00	CLINIC	90.00	0	94,540	9	49.00	
50.00	HYPERBARIC/OP WOUND	90.01	0	34,484	9	50.00	
51.00	EMERGENCY	91.00	0	338,780	9	51.00	
TOTALS			0	26,061,845			
<b>O - CRITICAL CARE FELLOWSHIP PROGRAM</b>							
1.00	NURSING ADMINISTRATION	13.00	1,064,821	2,205	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
TOTALS			1,064,821	2,205			
<b>P - UTILITIES - SNF ADMIN</b>							
1.00	SKILLED NURSING FACILITY	44.00	0	167,609	0	1.00	
TOTALS			0	167,609			
<b>Q - STAFF BENEFITS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,207,320	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	2,080	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	2,080	0	3.00	
4.00	HOUSEKEEPING	9.00	0	2,080	0	4.00	
5.00	DIETARY	10.00	0	2,080	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	59,885	0	6.00	
7.00	PHARMACY	15.00	0	1,120	0	7.00	
8.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	189,230	0	8.00	
9.00	SUBPROVIDER - IPF	40.00	0	2,480	0	9.00	
10.00	SKILLED NURSING FACILITY	44.00	0	3,861	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,566	0	11.00	
12.00	ULTRASOUND	54.01	0	608	0	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	406	0	13.00	
14.00	LABORATORY	60.00	0	2,175	0	14.00	
15.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	29	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	2,080	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	6,302	0	17.00	
18.00	ELECTROCARDIOLOGY	69.00	0	47,447	0	18.00	
19.00	ASC (NON-DISTINCT PART)	75.00	0	1,892	0	19.00	
20.00	GI LAB	76.01	0	1,090	0	20.00	
21.00	CLINIC	90.00	0	339	0	21.00	
22.00	HYPERBARIC/OP WOUND	90.01	0	69	0	22.00	
23.00	EMERGENCY	91.00	0	3,881	0	23.00	
24.00	RESEARCH	191.00	0	55,304	0	24.00	
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	146,050	0	25.00	
26.00	NEIGHBORHOOD MINISTRIES	194.00	0	1,351	0	26.00	
27.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	141,531	0	27.00	
TOTALS			0	1,884,336			
<b>R - PHYSICIANS' BENEFITS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	467,625	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	409	0	2.00	
3.00	PHARMACY	15.00	0	1,493	0	3.00	
4.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	446	0	4.00	
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	436,109	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	2,527	0	6.00	
7.00	SUBPROVIDER - IPF	40.00	0	1,096	0	7.00	
8.00	OPERATING ROOM	50.00	0	325	0	8.00	
9.00	PHYSICAL THERAPY	66.00	0	196,878	0	9.00	

RECLASSIFICATIONS

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To 06/30/2013

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00	ELECTROCARDIOLOGY	69.00	0	5,045	0	10.00	
11.00	GI LAB	76.01	0	440	0	11.00	
12.00	CLINIC	90.00	0	31,293	0	12.00	
13.00	HYPERBARIC/OP WOUND	90.01	0	35,441	0	13.00	
14.00	EMERGENCY	91.00	0	1,096,043	0	14.00	
15.00	RESEARCH	191.00	0	10,929	0	15.00	
16.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,914,182	0	16.00	
17.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	8,739	0	17.00	
	TOTALS		0	4,209,020			
<b>S - LAUNDRY</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	4,066	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	28	0	2.00	
3.00	HOUSEKEEPING	9.00	0	185	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	547	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,874	0	5.00	
6.00	PHARMACY	15.00	0	1,399	0	6.00	
7.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	249	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	744,538	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	74,212	0	9.00	
10.00	CORONARY CARE UNIT	32.00	0	32,989	0	10.00	
11.00	BURN INTENSIVE CARE UNIT	33.00	0	47,587	0	11.00	
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	42,521	0	12.00	
13.00	SUBPROVIDER - IPF	40.00	0	26,866	0	13.00	
14.00	SKILLED NURSING FACILITY	44.00	0	59,939	0	14.00	
15.00	OPERATING ROOM	50.00	0	78,285	0	15.00	
16.00	RECOVERY ROOM	51.00	0	7,563	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	138,385	0	17.00	
18.00	ANESTHESIOLOGY	53.00	0	198	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	38,048	0	19.00	
20.00	ULTRASOUND	54.01	0	15,425	0	20.00	
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	17,042	0	21.00	
22.00	RADIOISOTOPE	56.00	0	7,078	0	22.00	
23.00	CT SCAN	57.00	0	10,827	0	23.00	
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,344	0	24.00	
25.00	CARDIAC CATHETERIZATION	59.00	0	36,032	0	25.00	
26.00	LABORATORY	60.00	0	13,662	0	26.00	
27.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,260	0	27.00	
28.00	RESPIRATORY THERAPY	65.00	0	9,105	0	28.00	
29.00	PHYSICAL THERAPY	66.00	0	22,777	0	29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	24,416	0	30.00	
31.00	RENAL DIALYSIS	74.00	0	2,457	0	31.00	
32.00	ASC (NON-DISTINCT PART)	75.00	0	35,209	0	32.00	
33.00	CARDIAC REHAB	76.00	0	1,093	0	33.00	
34.00	GI LAB	76.01	0	21,087	0	34.00	
35.00	ECT	76.02	0	3,598	0	35.00	
36.00	CLINIC	90.00	0	12,032	0	36.00	
37.00	EMERGENCY	91.00	0	81,278	0	37.00	
38.00	AMBULATORY CARE UNIT	92.01	0	17,872	0	38.00	
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,819	0	39.00	
	TOTALS		0	1,644,892			
<b>V - PATIENT PLACEMENT</b>							
1.00	ADULTS & PEDIATRICS	30.00	821,852	15,607	0	1.00	
	TOTALS		821,852	15,607			
<b>W - INTERVENTIONAL CARE HH</b>							
1.00	CARDIAC CATHETERIZATION	59.00	8,292	1,512	0	1.00	
	TOTALS		8,292	1,512			
<b>Y - EMERGENCY DEPT ROUTINE REVENUE</b>							
1.00	EMERGENCY	91.00	276,411	76,536	0	1.00	
	TOTALS		276,411	76,536			
<b>AA - MOB HEART HOSPITAL</b>							
1.00	HEART HOSPITAL	7.03	0	420,481	0	1.00	
	TOTALS		0	420,481			
<b>BB - RECRUITMENT AND SIGN ON BONUS</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	6,000	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,500	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	6,000	0	3.00	
4.00	OPERATING ROOM	50.00	0	3,500	0	4.00	
	TOTALS		0	17,000			

RECLASSIFICATIONS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-6  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>CC - SUPPLIES RECLASS</b>						
1.00	DIETARY	10.00	0	91,681	0	1.00
2.00	PHARMACY	15.00	0	24,432	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,652,519	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	923,885	0	4.00
5.00	CORONARY CARE UNIT	32.00	0	284,926	0	5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	0	230,293	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	490,789	0	7.00
8.00	SUBPROVIDER - IPF	40.00	0	2,333	0	8.00
9.00	SKILLED NURSING FACILITY	44.00	0	185,096	0	9.00
10.00	OPERATING ROOM	50.00	0	16,851,821	0	10.00
11.00	RECOVERY ROOM	51.00	0	86,984	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,216,595	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	2,755,717	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,604,267	0	14.00
15.00	ULTRASOUND	54.01	0	4,683	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	355,598	0	16.00
17.00	RADIOISOTOPE	56.00	0	29,875	0	17.00
18.00	CT SCAN	57.00	0	121,228	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	56,832	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,294,186	0	20.00
21.00	LABORATORY	60.00	0	162	0	21.00
22.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	7,849	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	509,089	0	23.00
24.00	PHYSICAL THERAPY	66.00	0	332,425	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	3,003,205	0	25.00
26.00	RENAL DIALYSIS	74.00	0	188,186	0	26.00
27.00	ASC (NON-DISTINCT PART)	75.00	0	398,734	0	27.00
28.00	CARDIAC REHAB	76.00	0	2,791	0	28.00
29.00	GI LAB	76.01	0	1,507,081	0	29.00
30.00	ECT	76.02	0	14,849	0	30.00
31.00	CLINIC	90.00	0	142,850	0	31.00
32.00	HYPERBARIC/OP WOUND	90.01	0	55,817	0	32.00
33.00	EMERGENCY	91.00	0	1,244,649	0	33.00
34.00	AMBULATORY CARE UNIT	92.01	0	83,529	0	34.00
<b>TOTALS</b>			0	35,754,956		
<b>DD - IMPLANT SUPPLIES</b>						
1.00	PHARMACY	15.00	0	140	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,440	0	2.00
3.00	OPERATING ROOM	50.00	0	21,646,735	0	3.00
4.00	RECOVERY ROOM	51.00	0	158	0	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	258,541	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	362,509	0	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,927	0	7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	421	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	2,634,617	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	2,200	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	7,025,501	0	11.00
12.00	ASC (NON-DISTINCT PART)	75.00	0	201,705	0	12.00
13.00	GI LAB	76.01	0	78,877	0	13.00
14.00	HYPERBARIC/OP WOUND	90.01	0	151,189	0	14.00
15.00	EMERGENCY	91.00	0	32,040	0	15.00
<b>TOTALS</b>			0	32,408,000		
<b>EE - MERCY SAFEWATCH EXPENSE RECLASS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,744,759	30,251	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	5,742,338	2,231,247	0	2.00
3.00		0.00	0	0	0	3.00
<b>TOTALS</b>			7,487,097	2,261,498		
<b>FF - CHILD CARE CENTER</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	1,074,854	101,935	0	1.00
<b>TOTALS</b>			1,074,854	101,935		
<b>GG - SALARY RECLASS</b>						
1.00	EMPLOYEE BENEFITS	4.00	0	824,564	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	4,000	0	2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	15,293	0	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	595	0	4.00
<b>TOTALS</b>			0	844,452		

RECLASSIFICATIONS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-6

Date/Time Prepared:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
NN - EQUIPMENT DEPRECIATION (PT 11 OF 11)						
1.00	AMBULATORY CARE UNIT	92.01	0	135,899	9	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	15,718	9	2.00
3.00	RESEARCH	191.00	0	38,931	9	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,411	9	4.00
5.00	NONPAID WORKERS	193.00	0	2,925	9	5.00
6.00	NEIGHBORHOOD MINISTRIES	194.00	0	914	9	6.00
7.00	ST. JOHN'S MERCY HEALTH CARE	194.03	0	67,463	9	7.00
	TOTALS		0	266,261		
500.00	Grand Total: Decreases		43,567,486	207,251,929		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/25/2013 9:29 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	7,316,244	0	0	0	1.00
2.00	Land Improvements	11,887,372	42,625	0	42,625	2.00
3.00	Buildings and Fixtures	749,755,985	27,756,595	0	27,756,595	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	6,112,790	664,792	0	664,792	5.00
6.00	Movable Equipment	230,862,865	26,741,335	0	26,741,335	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,005,935,256	55,205,347	0	55,205,347	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,005,935,256	55,205,347	0	55,205,347	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	7,316,244	0			1.00
2.00	Land Improvements	11,929,997	5,951,696			2.00
3.00	Buildings and Fixtures	770,999,425	199,667,730			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	6,229,250	3,948,508			5.00
6.00	Movable Equipment	248,821,489	113,416,493			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	1,045,296,405	322,984,427			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	1,045,296,405	322,984,427			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	OTHER BUILDING-MOB	0	0				1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0				2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0				2.02
3.00	Total (sum of lines 1-2)	0	0				3.00



RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet A-7 Part III Date/Time Prepared: 11/25/2013 9:29 am
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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	0	0	0	1.000000	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	0.000000	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0.000000	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0.000000	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	30,971,401	0	1.00
1.01	OTHER BUILDING-MOB	0	0	0	1,147,720	0	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	0	1,807,108	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	22,382,770	0	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	559,508	0	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	3,149,552	0	2.02
3.00	Total (sum of lines 1-2)	0	0	0	60,018,059	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 col. 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	487,624	0	2,012,263	0	33,471,288	1.00
1.01	OTHER BUILDING-MOB	0	0	286,016	0	1,433,736	1.01
1.02	OTHER BUILDING-CANCER CENTER	0	0	171,644	0	1,978,752	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	22,382,770	2.00
2.01	NEW CAP REL COSTS-MVBLE EQUIP-MOB	0	0	0	0	559,508	2.01
2.02	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	0	0	0	3,149,552	2.02
3.00	Total (sum of lines 1-2)	487,624	0	2,469,923	0	62,975,606	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-8

Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0 1.00
1.01 Investment income - OTHER BUILDING-MOB (chapter 2)			OTHER BUILDING-MOB		1.01	0 1.01
1.02 Investment income - OTHER BUILDING-CANCER CENTER (chapter 2)			OTHER BUILDING-CANCER CENTER		1.02	0 1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
2.01 Investment income - NEW CAP REL COSTS-MVBLE EQUIP-MOB (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01	0 2.01
2.02 Investment income - NEW CAP REL COSTS-MVBLE EQUIP-CANCER (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP-CANCER		2.02	0 2.02
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	-40,409,634				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	16,303,913				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-4,573,653	DIETARY		10.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts		0			0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
26.01 Depreciation - OTHER BUILDING-MOB			OTHER BUILDING-MOB		1.01	0 26.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
26.02 Depreciation - OTHER BUI LDING-CANCER CENTER			0	OTHER BUI LDING-CANCER CENTER	1.02	0	26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP-MOB			0	NEW CAP REL COSTS-MVBLE EQUIP-MOB	2.01	0	27.01
27.02 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP-CANCER			0	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	2.02	0	27.02
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0	0.00	0	32.00
33.00 A&G NON-ALLOWABLE COSTS	A	-765,861	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	33.00
34.00			0	0	0.00	0	34.00
35.00 TELEVISION ELIMINATION	A	-188,172	0	OPERATION OF PLANT	7.00	0	35.00
36.00 TELEVISION ELIMINATION	A	-4,759	0	EMPLOYEE BENEFITS	4.00	0	36.00
37.00 TELEVISION ELIMINATION	A	-54,792	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	37.00
38.00 SJMH SHARED SERVICES	A	132,900,083	0	SJMH SHARED SERVICES	194.04	0	38.00
39.00 TELEPHONE ADJUSTMENT	A	-77,018	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	39.00
40.00 AHA CARRYFORWARD SCHEDULE	A	-66,319	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	40.00
40.01			0	0	0.00	0	40.01
40.02 PENSION	A	-109,768	0	EMPLOYEE BENEFITS	4.00	0	40.02
40.03			0	0	0.00	0	40.03
41.00 MOB RENTAL INCOME ELIMINATION	A	-246,917	0	OTHER BUI LDING-MOB	7.01	0	41.00
42.00 MOB RENTAL INCOME ELIMINATION	A	-1,257,195	0	OTHER BUI LDING-CANCER CENTER	7.02	0	42.00
43.00 MOB RENTAL INCOME ELIMINATION	A	-77,846	0	O/P PSYCH	76.03	0	43.00
44.00 MOB RENTAL INCOME ELIMINATION	A	-420,482	0	HEART HOSPITAL	7.03	0	44.00
45.00 FRA ADJUSTMENT	A	41,432,918	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	45.00
45.01			0	0	0.00	0	45.01
45.02			0	0	0.00	0	45.02
45.03 'MISC INCOME - INTEREST INCOME OFFSE	A	-338,930	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	45.03
45.04			0	0	0.00	0	45.04
45.05 AHA/MHA/CHA DUES	A	-43,738	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	45.05
45.06 GENERAL DISALLOWANCE	A	-137,000	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	45.06
45.07 AHA CARRYFORWARD/MEDI CARE DEPREC.	A	8,551	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.07
45.08 BUI LDING DEPRECIATION	A	-23,769	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.08
45.09 AHA ADJUSTMENT	A	-123,716	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.09
45.10 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-288	0	GI LAB	76.01	0	45.10
45.11 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-48,193	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	45.11
45.12 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-1,667	0	I & R SERVICES-SALARY & FRINGES APRVD	21.00	0	45.12
45.13 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-20,712	0	SUBPROVIDER - I PF	40.00	0	45.13
45.14 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-25,915	0	EMERGENCY	91.00	0	45.14
45.15 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-37,242	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	45.15
45.16 NON-ALLOWABLE MARKETNG/PROMOTI ON	A	-6,310	0	PHYSICAL THERAPY	66.00	0	45.16

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-8

Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
45.17 NON-ALLOWABLE MARKETING/PROMOTION	A	-725	CLINIC	90.00	0 45.17
45.18 NON-ALLOWABLE MARKETING/PROMOTION	A	-1,912	HYPERBARIC/OP WOUND	90.01	0 45.18
45.19		0		0.00	0 45.19
45.20 MISCELLANEOUS INCOME	B	-10,656	EMERGENCY	91.00	0 45.20
45.22 MISCELLANEOUS INCOME	B	-10,127	EMPLOYEE BENEFITS	4.00	0 45.22
45.23 MISCELLANEOUS INCOME	B	-1,909,157	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 45.23
45.24 MISCELLANEOUS INCOME	B	-803	OTHER BUILDING-MOB	7.01	0 45.24
45.25 MISCELLANEOUS INCOME	B	-29,206	DIETARY	10.00	0 45.25
45.26 MISCELLANEOUS INCOME	B	-888,493	NURSING ADMINISTRATION	13.00	0 45.26
45.27 MISCELLANEOUS INCOME	B	-3,312	CENTRAL SERVICES & SUPPLY	14.00	0 45.27
45.28 MISCELLANEOUS INCOME	B	-264,091	PHARMACY	15.00	0 45.28
45.29 MISCELLANEOUS INCOME	B	-51,177	MEDICAL RECORDS & LIBRARY	16.00	0 45.29
45.30 MISCELLANEOUS INCOME	B	-19,489	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 45.30
45.31 MISCELLANEOUS INCOME	B	-41,518	PARAMEDICAL PRGM	23.00	0 45.31
45.32 MISCELLANEOUS INCOME	B	-88,530	RADIOLOGY SCHOOL	23.01	0 45.32
45.33 MISCELLANEOUS INCOME	B	-121,708	ADULTS & PEDIATRICS	30.00	0 45.33
45.34 MISCELLANEOUS INCOME	B	-21,041	NEONATAL INTENSIVE CARE UNIT	35.00	0 45.34
45.35 MISCELLANEOUS INCOME	B	-74,916	SUBPROVIDER - I/PF	40.00	0 45.35
45.36		0		0.00	0 45.36
45.37 MISCELLANEOUS INCOME	B	-11,373	SKILLED NURSING FACILITY	44.00	0 45.37
45.38 MISCELLANEOUS INCOME	B	-10,000	OPERATING ROOM	50.00	0 45.38
45.39 MISCELLANEOUS INCOME	B	-440	DELIVERY ROOM & LABOR ROOM	52.00	0 45.39
45.40 MISCELLANEOUS INCOME	B	-1,361	RADIOLOGY-DIAGNOSTIC	54.00	0 45.40
45.41 MISCELLANEOUS INCOME	B	-80	RADIOLOGY-THERAPEUTIC	55.00	0 45.41
45.42 MISCELLANEOUS INCOME	B	-65	OTHER BUILDING-CANCER CENTER	7.02	0 45.42
45.43 MISCELLANEOUS INCOME	B	-51,174	PHYSICAL THERAPY	66.00	0 45.43
45.44 MISCELLANEOUS INCOME	B	-2,166	ELECTROCARDIOLOGY	69.00	0 45.44
45.46 MISCELLANEOUS INCOME	B	-8,919	O/P PSYCH	76.03	0 45.46
45.48 MISCELLANEOUS INCOME	B	-2,891,151	CLINIC	90.00	0 45.48
45.49 MISCELLANEOUS INCOME	B	-2,730	CARDIAC REHAB	76.00	0 45.49
45.50 PHYSICIAN TEACHING RCE ELIMINATION	A	-1,154,366	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 45.50
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		133,914,883			50.00

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

Provider CCN: 260020

Period: From 07/01/2012 To 06/30/2013

Worksheet A-8-1

Date/Time Prepared: 11/25/2013 9:29 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	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	92,420,252	1.00
2.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	1,637,837	2.00
3.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	840,416	3.00
4.00	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	17,764,893	4.00
4.01	0.00		0	0	4.01
4.02	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	8,816,800	4.02
4.03	5.04	OTHER ADMINISTRATIVE AND GENERAL	0	2,135,690	4.03
4.04	5.04	OTHER ADMINISTRATIVE AND GENERAL	7,458,296	0	4.04
4.05	5.04	OTHER ADMINISTRATIVE AND GENERAL	9,172,416	0	4.05
4.06	5.04	OTHER ADMINISTRATIVE AND GENERAL	98,511,466	0	4.06
4.07	0.00		0	0	4.07
4.08	0.00		0	0	4.08
4.09	5.04	OTHER ADMINISTRATIVE AND GENERAL	701,142	701,142	4.09
4.10	5.03	ADMINISTRATIVE	98,937	98,937	4.10
4.11	4.00	EMPLOYEE BENEFITS	18,772	18,772	4.11
4.12	90.01	HYPERBARIC/OP WOUND	106,283	106,283	4.12
4.13	90.00	CLINIC	569,216	569,216	4.13
4.14	76.03	O/P PSYCH	423,969	423,969	4.14
4.15	75.00	ASC (NON-DIAGNOSTIC PART)	1,108,275	1,108,275	4.15
4.16	62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	16,711	16,711	4.16
4.17	57.00	CT SCAN	60,573	60,573	4.17
4.18	55.00	RADIOLOGY-THERAPEUTIC	1,095,241	1,095,241	4.18
4.19	54.00	RADIOLOGY-DIAGNOSTIC	1,674,962	1,674,962	4.19
4.20	43.00	NURSERY	5,362	5,362	4.20
4.21	30.00	ADULTS & PEDIATRICS	16,492	16,492	4.21
4.22	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	304,521	304,521	4.22
4.23	16.00	MEDICAL RECORDS & LIBRARY	18,838	18,838	4.23
4.24	15.00	PHARMACY	74,429	74,429	4.24
4.25	91.00	EMERGENCY	335,803	335,803	4.25
4.26	54.01	ULTRASOUND	63,004	63,004	4.26
4.27	60.00	LABORATORY	248,539	248,539	4.27
4.28	56.00	RADIOISOTOPE	214,105	214,105	4.28
4.29	69.00	ELECTROCARDIOLOGY	243,050	243,050	4.29
4.30	192.00	PHYSICIANS' PRIVATE OFFICES	139,841	139,841	4.30
4.31	191.00	RESEARCH	314,019	314,019	4.31
4.32	190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	32,960	32,960	4.32
4.33	66.00	PHYSICAL THERAPY	1,166,876	1,166,876	4.33
4.34	10.00	DIETARY	169,833	169,833	4.34
4.35	65.00	RESPIRATORY THERAPY	101,637	101,637	4.35
4.36	0.00		0	0	4.36
4.37	5.02	PURCHASING	294,281	0	4.37
4.38	4.00	EMPLOYEE BENEFITS	21,650,105	0	4.38
4.39	0.00		0	0	4.39
4.40	5.04	OTHER ADMINISTRATIVE AND GENERAL	828,491	0	4.40
4.41	5.04	OTHER ADMINISTRATIVE AND GENERAL	1,206,803	0	4.41

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

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-8-1

Date/Time Prepared:  
11/25/2013 9:29 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	
4.42	5.04 OTHER ADMINISTRATIVE AND GENERAL	FUNCTIONAL - CENTRAL CODE	797,943	0	4.42
4.43	0.00		0	0	4.43
4.44	0.00		0	0	4.44
4.45	0.00		0	0	4.45
5.00	0	0	149,243,191	132,939,278	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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00	B		0.00		0.00	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: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-8-1

Date/Time Prepared:  
11/25/2013 9:29 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-92,420,252	0		1.00
2.00	-1,637,837	0		2.00
3.00	-840,416	0		3.00
4.00	-17,764,893	0		4.00
4.01	0	0		4.01
4.02	-8,816,800	0		4.02
4.03	-2,135,690	0		4.03
4.04	7,458,296	0		4.04
4.05	9,172,416	0		4.05
4.06	98,511,466	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
4.26	0	0		4.26
4.27	0	0		4.27
4.28	0	0		4.28
4.29	0	0		4.29
4.30	0	0		4.30
4.31	0	0		4.31
4.32	0	0		4.32
4.33	0	0		4.33
4.34	0	0		4.34
4.35	0	0		4.35
4.36	0	0		4.36
4.37	294,281	0		4.37
4.38	21,650,105	0		4.38
4.39	0	0		4.39
4.40	828,491	0		4.40
4.41	1,206,803	0		4.41
4.42	797,943	0		4.42
4.43	0	0		4.43
4.44	0	0		4.44
4.45	0	0		4.45
5.00	16,303,913			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		6.00
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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-8-1

Date/Time Prepared:  
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	Related Organization(s) and/or Home Office		
	Type of Business		
	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: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-8-2

Date/Time Prepared:  
11/25/2013 9:29 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	0.00		0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		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
14.00	13.00	NURSING ADMINISTRATION	99,840	0	99,840	177,200	832	14.00
15.00	17.00	SOCIAL SERVICE	-2,520	-2,520	0	177,200	0	15.00
16.00	17.00	SOCIAL SERVICE	24,960	24,960	0	177,200	0	16.00
17.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	177,200	0	17.00
18.00	30.00	ADULTS & PEDIATRICS	426,001	0	426,001	196,400	1,179	18.00
19.00	30.00	ADULTS & PEDIATRICS	1,995,389	1,603,647	391,742	196,400	1,759	19.00
20.00	30.00	ADULTS & PEDIATRICS	1,522,672	1,501,387	21,285	165,600	101	20.00
21.00	30.00	ADULTS & PEDIATRICS	8,652,133	8,075,098	577,035	165,600	4,275	21.00
22.00	30.00	ADULTS & PEDIATRICS	51,438	51,438	0	140,600	0	22.00
23.00	30.00	ADULTS & PEDIATRICS	3,811,729	3,420,324	391,405	140,600	3,215	23.00
24.00	30.00	ADULTS & PEDIATRICS	109,106	0	109,106	177,200	1,365	24.00
25.00	31.00	INTENSIVE CARE UNIT	6,080	6,080	0	177,200	0	25.00
26.00	31.00	INTENSIVE CARE UNIT	7,245,357	7,181,982	63,375	177,200	926	26.00
27.00	35.00	NEONATAL INTENSIVE CARE UNIT	315,000	315,000	0	177,200	0	27.00
28.00	35.00	NEONATAL INTENSIVE CARE UNIT	40,015	0	40,015	177,200	333	28.00
29.00	40.00	SUBPROVIDER - IPF	1,532,984	1,532,984	0	154,100	0	29.00
30.00	40.00	SUBPROVIDER - IPF	115,590	0	115,590	154,100	915	30.00
31.00	50.00	OPERATING ROOM	1,277,035	895,889	381,146	208,000	2,840	31.00
32.00	54.00	RADIOLOGY-DIAGNOSTIC	11,256	11,256	0	225,300	0	32.00
33.00	54.00	RADIOLOGY-DIAGNOSTIC	451,088	451,088	0	225,300	0	33.00
34.00	54.01	ULTRASOUND	454,743	3,470	451,273	225,300	1,583	34.00
35.00	57.00	CT SCAN	3,209	3,209	0	225,300	0	35.00
36.00	59.00	CARDIAC CATHETERIZATION	186	186	0	177,200	0	36.00
37.00	60.00	LABORATORY	124,826	118,170	6,656	215,700	53	37.00
38.00	65.00	RESPIRATORY THERAPY	31,110	31,110	0	177,200	0	38.00
39.00	65.00	RESPIRATORY THERAPY	186,015	11,313	174,702	177,200	1,103	39.00
40.00	66.00	PHYSICAL THERAPY	1,304,134	1,304,134	0	177,200	0	40.00
41.00	66.00	PHYSICAL THERAPY	100,142	100,142	0	177,200	0	41.00
42.00	69.00	ELECTROCARDIOLOGY	392,762	392,762	0	177,200	0	42.00
43.00	69.00	ELECTROCARDIOLOGY	3,040,473	2,643,594	396,879	177,200	2,489	43.00
44.00	75.00	ASC (NON-DIAGNOSTIC PART)	106,425	106,425	0	208,000	0	44.00
45.00	76.01	GI LAB	33,825	0	33,825	177,200	210	45.00
46.00	90.00	CLINIC	309,111	309,111	0	177,200	0	46.00
47.00	90.00	CLINIC	165,711	165,711	0	177,200	0	47.00
48.00	90.01	HYPERBARIC/OP WOUND	203,913	177,913	26,000	177,200	234	48.00
49.00	91.00	EMERGENCY	8,364,138	8,194,120	170,018	177,200	1,277	49.00
200.00			42,505,876	38,629,983	3,875,893		24,689	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	0.00		0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		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
14.00	13.00	NURSING ADMINISTRATION	70,880	3,544	0	0	0	14.00
15.00	17.00	SOCIAL SERVICE	0	0	0	0	0	15.00
16.00	17.00	SOCIAL SERVICE	0	0	0	0	0	16.00
17.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	17.00
18.00	30.00	ADULTS & PEDIATRICS	111,325	5,566	0	0	0	18.00
19.00	30.00	ADULTS & PEDIATRICS	166,090	8,305	0	0	0	19.00
20.00	30.00	ADULTS & PEDIATRICS	8,041	402	0	0	0	20.00
21.00	30.00	ADULTS & PEDIATRICS	340,356	17,018	0	0	0	21.00
22.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	22.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

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Date/Time Prepared:  
11/25/2013 9:29 am

	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	
23.00	30.00	ADULTS & PEDIATRICS	217,322	10,866	0	0	0	23.00
24.00	30.00	ADULTS & PEDIATRICS	116,288	5,814	0	0	0	24.00
25.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	25.00
26.00	31.00	INTENSIVE CARE UNIT	78,888	3,944	0	0	0	26.00
27.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	27.00
28.00	35.00	NEONATAL INTENSIVE CARE UNIT	28,369	1,418	0	0	0	28.00
29.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	29.00
30.00	40.00	SUBPROVIDER - IPF	67,789	3,389	0	0	0	30.00
31.00	50.00	OPERATING ROOM	284,000	14,200	0	0	0	31.00
32.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	32.00
33.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	33.00
34.00	54.01	ULTRASOUND	171,466	8,573	0	0	0	34.00
35.00	57.00	CT SCAN	0	0	0	0	0	35.00
36.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	36.00
37.00	60.00	LABORATORY	5,496	275	0	0	0	37.00
38.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	38.00
39.00	65.00	RESPIRATORY THERAPY	93,967	4,698	0	0	0	39.00
40.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	40.00
41.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	41.00
42.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	42.00
43.00	69.00	ELECTROCARDIOLOGY	212,044	10,602	0	0	0	43.00
44.00	75.00	ASC (NON-DIAGNOSTIC PART)	0	0	0	0	0	44.00
45.00	76.01	GI LAB	17,890	895	0	0	0	45.00
46.00	90.00	CLINIC	0	0	0	0	0	46.00
47.00	90.00	CLINIC	0	0	0	0	0	47.00
48.00	90.01	HYPERBARIC/OP WOUND	19,935	997	0	0	0	48.00
49.00	91.00	EMERGENCY	108,791	5,440	0	0	0	49.00
200.00			2,118,937	105,946	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	0.00		0	0	0	0	1.00
2.00	0.00		0	0	0	0	2.00
3.00	0.00		0	0	0	0	3.00
4.00	0.00		0	0	0	0	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	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
14.00	13.00	NURSING ADMINISTRATION	0	70,880	28,960	28,960	14.00
15.00	17.00	SOCIAL SERVICE	0	0	0	-2,520	15.00
16.00	17.00	SOCIAL SERVICE	0	0	0	24,960	16.00
17.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	17.00
18.00	30.00	ADULTS & PEDIATRICS	0	111,325	314,676	314,676	18.00
19.00	30.00	ADULTS & PEDIATRICS	0	166,090	225,652	1,829,299	19.00
20.00	30.00	ADULTS & PEDIATRICS	0	8,041	13,244	1,514,631	20.00
21.00	30.00	ADULTS & PEDIATRICS	0	340,356	236,679	8,311,777	21.00
22.00	30.00	ADULTS & PEDIATRICS	0	0	0	51,438	22.00
23.00	30.00	ADULTS & PEDIATRICS	0	217,322	174,083	3,594,407	23.00
24.00	30.00	ADULTS & PEDIATRICS	0	116,288	0	0	24.00
25.00	31.00	INTENSIVE CARE UNIT	0	0	0	6,080	25.00
26.00	31.00	INTENSIVE CARE UNIT	0	78,888	0	7,181,982	26.00
27.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	315,000	27.00
28.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	28,369	11,646	11,646	28.00
29.00	40.00	SUBPROVIDER - IPF	0	0	0	1,532,984	29.00
30.00	40.00	SUBPROVIDER - IPF	0	67,789	47,801	47,801	30.00
31.00	50.00	OPERATING ROOM	0	284,000	97,146	993,035	31.00
32.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	11,256	32.00
33.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	451,088	33.00
34.00	54.01	ULTRASOUND	0	171,466	279,807	283,277	34.00
35.00	57.00	CT SCAN	0	0	0	3,209	35.00
36.00	59.00	CARDIAC CATHETERIZATION	0	0	0	186	36.00
37.00	60.00	LABORATORY	0	5,496	1,160	119,330	37.00
38.00	65.00	RESPIRATORY THERAPY	0	0	0	31,110	38.00
39.00	65.00	RESPIRATORY THERAPY	0	93,967	80,735	92,048	39.00
40.00	66.00	PHYSICAL THERAPY	0	0	0	1,304,134	40.00
41.00	66.00	PHYSICAL THERAPY	0	0	0	100,142	41.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet A-8-2

Date/Time Prepared:  
11/25/2013 9:29 am

	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		
42.00	69.00	ELECTROCARDIOLOGY	0	0	0	392,762		42.00
43.00	69.00	ELECTROCARDIOLOGY	0	212,044	184,835	2,828,429		43.00
44.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	106,425		44.00
45.00	76.01	GI LAB	0	17,890	15,935	15,935		45.00
46.00	90.00	CLINIC	0	0	0	309,111		46.00
47.00	90.00	CLINIC	0	0	0	165,711		47.00
48.00	90.01	HYPERBARIC/OP WOUND	0	19,935	6,065	183,978		48.00
49.00	91.00	EMERGENCY	0	108,791	61,227	8,255,347		49.00
200.00			0	2,118,937	1,779,651	40,409,634		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CENTER	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	33,471,288	33,471,288				1.00
1.01 00101 OTHER BUILDING-MOB	1,433,736	0	1,433,736			1.01
1.02 00102 OTHER BUILDING-CANCER CENTER	1,978,752	0	0	1,978,752		1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	22,382,770				22,382,770	2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB	559,508				0	2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER	3,149,552				0	2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	82,220,478	166,074	1,676	68,594	6,133	4.00
5.02 00511 PURCHASING	294,281	75,872	0	0	0	5.02
5.03 00512 ADMINISTRATION	4,223,498	120,275	462	0	29,176	5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	179,077,076	899,012	77,507	10,925	2,559,589	5.04
6.00 00600 MAINTENANCE & REPAIRS	13,021,184	3,857,446	70,292	227,114	157,317	6.00
7.00 00700 OPERATION OF PLANT	3,292,471	109,885	0	0	403,032	7.00
7.01 00701 OTHER BUILDING-MOB	2,238,215	0	0	0	1,409	7.01
7.02 00702 OTHER BUILDING-CANCER CENTER	-114,234	0	0	0	0	7.02
7.03 00703 HEART HOSPITAL	-437,101	0	0	0	0	7.03
8.00 00800 LAUNDRY & LINEN SERVICE	3,086,309	153,906	0	0	2,918	8.00
9.00 00900 HOUSEKEEPING	5,905,130	254,697	10,389	14,747	56,760	9.00
9.01 00901 HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02 00902 HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00 01000 DIETARY	7,478,740	682,018	13,314	25,253	115,930	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	6,824,236	170,579	0	0	215,916	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	3,625,973	333,761	0	0	433,620	14.00
15.00 01500 PHARMACY	12,084,197	242,395	0	29,295	311,969	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,126,179	80,743	0	11,706	0	16.00
17.00 01700 SOCIAL SERVICE	2,049,278	97,018	0	0	9,143	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	5,955,290	20,032	0	0	617	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,807,649	70,735	51,749	0	19,694	22.00
23.00 02300 PARAMED ED PRGM	158,194	15,061	0	0	1,863	23.00
23.01 02301 RADIOLOGY SCHOOL	105,935	4,223	0	0	259	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	42,067,897	5,765,738	3,226	0	1,969,491	30.00
31.00 03100 INTENSIVE CARE UNIT	12,532,235	637,649	0	0	626,447	31.00
32.00 03200 CORONARY CARE UNIT	3,025,335	150,215	0	0	235,386	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	1,837,461	138,113	0	0	57,833	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	11,717,220	1,064,056	0	0	977,572	35.00
40.00 04000 SUBPROVIDER - I PF	5,698,228	483,976	0	14,547	23,970	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
42.01 04201 SUBPROVIDER II	0	0	0	0	0	42.01
43.00 04300 NURSERY	5,962,789	61,509	0	0	6,018	43.00
44.00 04400 SKILLED NURSING FACILITY	6,096,910	419,159	0	0	147,461	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	1,986,470	299,399	0	0	19,087	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	25,489,816	1,465,992	0	0	3,154,559	50.00
51.00 05100 RECOVERY ROOM	2,187,780	94,242	0	0	33,408	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	10,594,950	1,098,168	0	0	769,902	52.00
53.00 05300 ANESTHESIOLOGY	795,368	70,037	0	0	623,782	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,274,018	885,464	73,290	14,988	2,349,647	54.00
54.01 05401 ULTRASOUND	2,004,225	213,602	0	0	442,190	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	5,192,115	132,627	0	398,618	462,203	55.00
56.00 05600 RADIOISOTOPE	1,540,204	229,046	0	13,707	433,122	56.00
56.01 05601 ONCOLOGY	0	0	0	0	0	56.01
57.00 05700 CT SCAN	1,183,261	61,559	0	111,316	66,732	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	573,605	146,059	0	0	750,426	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,503,037	469,979	0	0	661,690	59.00
60.00 06000 LABORATORY	20,095,886	683,199	10,481	0	435,761	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,361,212	128,554	0	0	15,954	62.00
65.00 06500 RESPIRATORY THERAPY	8,026,957	215,398	15,787	0	372,389	65.00
66.00 06600 PHYSICAL THERAPY	11,244,315	493,003	41,453	43,282	77,331	66.00
69.00 06900 ELECTROCARDIOLOGY	4,532,432	534,945	5,355	0	1,040,358	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	35,754,956	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	32,408,000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	46,033,046	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	OTHER BUI LDING-MOB	OTHER BUI LDING-CANCE R CENTER	NEW MVBLE EQUI P		
		1.00	1.01	1.02	2.00		
74.00 07400 RENAL DIALYSIS	558,388	55,125	0	0	32,549	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	5,172,326	720,703	0	0	601,439	75.00	
76.00 03020 CARDIAC REHAB	897,178	86,345	0	0	18,555	76.00	
76.01 03021 GI LAB	3,881,627	251,073	0	0	893,479	76.01	
76.02 03022 ECT	158,415	35,309	0	0	0	76.02	
76.03 03023 O/P PSYCH	1,078,735	282,526	0	0	6,331	76.03	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	1,884,433	309,540	0	149,235	44,015	90.00	
90.01 09001 HYPERBARIC/OP WOUND	566,526	60,911	0	0	34,119	90.01	
91.00 09100 EMERGENCY	11,746,434	703,696	0	0	335,193	91.00	
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02	
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01 09201 AMBULATORY CARE UNIT	1,610,822	142,252	0	0	134,459	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	3,851	0	0	0	0	95.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	742,277,047	25,942,900	374,981	1,133,327	22,178,203	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,429,379	142,718	0	0	15,552	190.00	
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01	
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02	
191.00 19100 RESEARCH	1,267,181	16,258	11,020	71,136	35,475	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,218,645	1,217,779	724,421	272,537	882	192.00	
193.00 19300 NONPAID WORKERS	119,465	120,159	0	0	2,894	193.00	
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01	
193.03 19303 CONVENT	0	0	0	0	0	193.03	
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06	
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07	
194.00 07950 NEIGHBORHOOD MINISTRIES	284,258	34,911	0	0	904	194.00	
194.01 07951 HOSPICE	52,700	5,220	0	0	0	194.01	
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02	
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	3,852,866	3,369,380	276,336	366,404	70,612	194.03	
194.04 07954 SJMH SHARED SERVICES	132,900,083	2,100,350	44,213	135,348	0	194.04	
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	420,256	0	0	0	194.05	
194.06 07956 OTHER NONREIMBURSABLE COST CENTERS	0	15,710	2,765	0	0	194.06	
194.07 07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07	
194.08 07958 REHAB HOSPITAL	23,298,155	0	0	0	0	194.08	
194.09 07960 MERCY SAFEWATCH	7,973,585	85,647	0	0	78,248	194.09	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers		0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	915,673,364	33,471,288	1,433,736	1,978,752	22,382,770	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING	ADMITTING	
	NEW MVBLE EQUIP-MOB	NEW MVBLE EQUIP-CANCER				
	2.01	2.02				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	OTHER BUILDING-MOB					1.01
1.02 00102	OTHER BUILDING-CANCER CENTER					1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01 00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB	559,508				2.01
2.02 00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER	0	3,149,552			2.02
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	276	0	82,463,231		4.00
5.02 00511	PURCHASING	0	0	0	370,153	5.02
5.03 00512	ADMITTING	389	0	1,118,977	451	5,493,228
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	13,623	3,226	2,475,542	0	0
6.00 00600	MAINTENANCE & REPAIRS	10,178	7,239	884,930	814	0
7.00 00700	OPERATION OF PLANT	0	0	422,093	119	0
7.01 00701	OTHER BUILDING-MOB	13,738	0	0	6	0
7.02 00702	OTHER BUILDING-CANCER CENTER	0	27,382	0	0	0
7.03 00703	HEART HOSPITAL	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	192,390	2,113	0
9.00 00900	HOUSEKEEPING	8,051	2,760	1,665,585	2,742	0
9.01 00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0
9.02 00902	HOUSEKEEPING-MOB	0	0	0	0	0
9.03 00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0
10.00 01000	DIETARY	3,546	724	1,779,610	13,532	2,214
11.00 01100	CAFETERIA	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	2,139,293	452	204
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	863,553	1,209	0
15.00 01500	PHARMACY	0	31,576	2,857,393	93,440	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	184,321	9	0
17.00 01700	SOCIAL SERVICE	0	0	167,256	91	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,387,174	17	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22,473	0	794,818	127	19,035
23.00 02300	PARAMED ED PRGM	0	0	54,540	5	0
23.01 02301	RADIOLOGY SCHOOL	0	0	54,178	7	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	34,535	0	15,557,798	10,293	553,826
31.00 03100	INTENSIVE CARE UNIT	0	0	5,394,038	4,453	177,033
32.00 03200	CORONARY CARE UNIT	0	0	839,167	939	45,133
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	498,713	791	30,917
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00 02040	NEONATAL INTENSIVE CARE UNIT	0	0	3,128,349	2,459	211,632
40.00 04000	SUBPROVIDER - I PF	0	0	1,563,328	247	31,919
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
42.01 04201	SUBPROVIDER II	0	0	0	0	0
43.00 04300	NURSERY	0	0	1,390,646	1,037	28,782
44.00 04400	SKILLED NURSING FACILITY	0	0	1,620,655	0	48,354
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	497,962	0	6,259
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	4,233,171	120,991	255,715
51.00 05100	RECOVERY ROOM	0	0	619,386	280	55,645
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,847,556	4,676	136,261
53.00 05300	ANESTHESIOLOGY	0	0	180,673	10,394	93,821
54.00 05400	RADIOLOGY-DIAGNOSTIC	223,014	2,595	2,087,698	6,842	252,435
54.01 05401	ULTRASOUND	0	0	485,039	144	65,772
55.00 05500	RADIOLOGY-THERAPEUTIC	0	2,843,822	618,973	741	137,478
56.00 05600	RADIOISOTOPE	0	68,721	359,424	3,888	83,244
56.01 05601	ONCOLOGY	0	0	0	0	0
57.00 05700	CT SCAN	0	101,324	296,071	2,624	222,835
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	144,825	602	77,909
59.00 05900	CARDIAC CATHETERIZATION	0	0	565,454	11,481	89,549
60.00 06000	LABORATORY	11,711	0	2,542,273	11,827	644,064
60.01 06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	746,555	4,961	50,651
65.00 06500	RESPIRATORY THERAPY	146,766	0	2,075,055	4,056	150,182
66.00 06600	PHYSICAL THERAPY	56,367	7,053	2,651,383	1,747	85,752
69.00 06900	ELECTROCARDIOLOGY	11,301	0	2,172,479	23,507	262,406
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	283,138
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	192,382
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	511,424
74.00 07400	RENAL DIALYSIS	0	0	149,789	544	10,791
75.00 07500	ASC (NON-DI STINCT PART)	0	0	1,003,501	3,018	58,279

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING	ADMITTING	
			NEW MVBLE EQUI P-MOB	NEW MVBLE EQUI P-CANCER				
			2.01	2.02				
76.00	03020	CARDIAC REHAB	0	0	247,799	51	3,604	76.00
76.01	03021	GI LAB	0	0	900,065	5,220	132,359	76.01
76.02	03022	ECT	0	0	43,949	75	6,753	76.02
76.03	03023	O/P PSYCH	0	0	178,688	81	7,500	76.03
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	50,053	1,142,986	7,995	40,491	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	183,356	473	5,480	90.01
91.00	09100	EMERGENCY	0	0	5,178,616	4,893	335,809	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	276,735	504	49,729	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	1	12	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	555,968	3,146,475	79,463,808	366,969	5,456,778	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	83,078	2,207	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	3,077	288,923	60	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,540	0	333,927	41	36,450	192.00
193.00	19300	NONPAID WORKERS	0	0	26,333	54	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	58,335	16	0	194.00
194.01	07951	HOSPICE	0	0	0	7	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	2	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	561,465	745	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	1,647,362	52	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	559,508	3,149,552	82,463,231	370,153	5,493,228	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part I Date/Time Prepared: 11/25/2013 9:29 am				
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB		
		5A. 03	5. 04	6. 00	7. 00	7. 01		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OTHER BUILDING-MOB					1.01	
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01	
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.02	00511	PURCHASING					5.02	
5.03	00512	ADMITTING					5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	185,116,500	185,116,500			5.04	
6.00	00600	MAINTENANCE & REPAIRS	18,236,514	4,617,649	22,854,163		6.00	
7.00	00700	OPERATION OF PLANT	4,227,600	1,070,466	88,575	5,386,641	7.00	
7.01	00701	OTHER BUILDING-MOB	2,253,368	570,573	0	2,823,941	7.01	
7.02	00702	OTHER BUILDING-CANCER CENTER	-86,852	0	0	0	7.02	
7.03	00703	HEART HOSPITAL	-437,101	0	0	0	7.03	
8.00	00800	LAUNDRY & LINEN SERVICE	3,437,636	870,440	124,058	29,354	8.00	
9.00	00900	HOUSEKEEPING	7,920,861	2,005,633	205,304	48,578	22,852	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	9.01	
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	9.02	
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	9.03	
10.00	01000	DIETARY	10,114,881	2,561,179	549,754	130,079	29,286	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,350,680	2,367,676	137,499	32,534	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,258,116	1,331,402	269,035	63,657	0	14.00
15.00	01500	PHARMACY	15,650,265	3,962,788	195,387	46,231	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,402,958	355,242	65,084	15,400	0	16.00
17.00	01700	SOCIAL SERVICE	2,322,786	588,150	78,203	18,504	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,363,130	1,864,411	16,147	3,821	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,786,280	1,211,929	57,018	13,491	113,832	22.00
23.00	02300	PARAMED PRGM	229,663	58,153	12,141	2,873	0	23.00
23.01	02301	RADIOLOGY SCHOOL	164,602	41,679	3,404	805	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	65,962,804	16,702,376	4,647,585	1,099,682	7,097	30.00
31.00	03100	INTENSIVE CARE UNIT	19,371,855	4,905,128	513,989	121,617	0	31.00
32.00	03200	CORONARY CARE UNIT	4,296,175	1,087,830	121,084	28,650	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,563,828	649,184	111,328	26,342	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	17,101,288	4,330,200	857,703	202,944	0	35.00
40.00	04000	SUBPROVIDER - I PF	7,816,215	1,979,136	390,118	92,307	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
42.01	04201	SUBPROVIDER II	0	0	0	0	0	42.01
43.00	04300	NURSERY	7,450,781	1,886,605	49,581	11,731	0	43.00
44.00	04400	SKILLED NURSING FACILITY	8,332,539	2,109,874	337,871	79,945	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	2,809,177	711,309	241,336	57,103	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	34,720,244	8,791,478	1,181,691	279,604	0	50.00
51.00	05100	RECOVERY ROOM	2,990,741	757,283	75,965	17,974	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,451,513	3,912,462	885,200	209,450	0	52.00
53.00	05300	ANESTHESIOLOGY	1,774,075	449,212	56,455	13,358	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,169,991	3,841,178	713,745	168,882	161,213	54.00
54.01	05401	ULTRASOUND	3,210,972	813,047	172,178	40,740	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,786,577	2,478,049	106,906	25,295	0	55.00
56.00	05600	RADIOISOTOPE	2,731,356	691,604	184,627	43,685	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	2,045,722	517,995	49,621	11,741	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,693,426	428,791	117,734	27,857	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,301,190	1,089,100	378,835	89,637	0	59.00
60.00	06000	LABORATORY	24,435,202	6,187,213	550,705	130,304	23,055	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,307,887	1,597,214	103,623	24,519	0	62.00
65.00	06500	RESPIRATORY THERAPY	11,006,590	2,786,968	173,626	41,082	34,727	65.00
66.00	06600	PHYSICAL THERAPY	14,701,686	3,722,599	397,394	94,029	91,183	66.00
69.00	06900	ELECTROCARDIOLOGY	8,582,783	2,173,238	431,203	102,028	11,779	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,038,094	9,125,170	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,600,382	8,254,710	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,544,470	11,785,479	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	807,186	204,387	44,435	10,514	0	74.00
75.00	07500	ASC (NON-DIAGNOSTIC PART)	7,559,266	1,914,074	580,936	137,457	0	75.00
76.00	03020	CARDIAC REHAB	1,253,532	317,406	69,600	16,468	0	76.00
76.01	03021	GI LAB	6,063,823	1,535,415	202,382	47,886	0	76.01



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5A.03	5.04	6.00	7.00	7.01	
76.02	03022	ECT	244,501	61,910	28,462	6,734	0	76.02
76.03	03023	O/P PSYCH	1,553,861	393,452	227,735	53,885	0	76.03
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	3,628,748	918,832	249,511	59,038	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	850,865	215,447	49,098	11,617	0	90.01
91.00	09100	EMERGENCY	18,304,641	4,634,900	567,228	134,214	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	2,214,501	560,732	114,665	27,131	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,864	978	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	729,594,238	137,999,335	16,785,764	3,950,777	495,024	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,672,934	423,602	115,040	27,220	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,693,130	428,716	13,105	3,101	24,241	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,808,222	1,217,485	981,614	232,263	1,593,490	192.00
193.00	19300	NONPAID WORKERS	268,905	68,089	96,856	22,917	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	378,424	95,820	28,140	6,658	0	194.00
194.01	07951	HOSPICE	57,927	14,668	4,208	996	0	194.01
194.02	07952	SHARED SERVICES	2	1	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	8,497,808	2,151,721	2,715,953	642,631	607,850	194.03
194.04	07954	SJM SHARED SERVICES	135,179,994	34,229,046	1,693,027	400,593	97,254	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	420,256	106,413	338,755	80,154	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	18,475	4,678	12,663	2,996	6,082	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	23,298,155	5,899,303	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	9,784,894	2,477,623	69,038	16,335	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	915,673,364	185,116,500	22,854,163	5,386,641	2,823,941	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part I Date/Time Prepared: 11/25/2013 9:29 am		
Cost Center Description		OTHER BUILDING-CANCER CENTER 7.02	HEART HOSPITAL 7.03	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	HOUSEKEEPING-MED CENTER 9.01
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	OTHER BUILDING-MOB				1.01
1.02	00102	OTHER BUILDING-CANCER CENTER				1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB				2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.02	00511	PURCHASING				5.02
5.03	00512	ADMITTING				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OTHER BUILDING-MOB				7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	-86,852			7.02
7.03	00703	HEART HOSPITAL	0	-437,101		7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	4,461,488	8.00
9.00	00900	HOUSEKEEPING	0	0	503	10,203,731
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	8,469,081
9.02	00902	HOUSEKEEPING-MOB	0	0	0	1,367,314
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	367,336
10.00	01000	DIETARY	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	1,487	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	7,815	0
15.00	01500	PHARMACY	0	0	3,804	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	677	0
23.00	02300	PARAMED PRGM	0	0	0	0
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	0	0	2,038,781	0
31.00	03100	INTENSIVE CARE UNIT	0	0	201,796	0
32.00	03200	CORONARY CARE UNIT	0	0	90,102	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	129,392	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	115,618	0
40.00	04000	SUBPROVIDER - I PF	0	0	73,051	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
42.01	04201	SUBPROVIDER II	0	0	0	0
43.00	04300	NURSERY	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	97,427	0
45.00	04500	NURSING FACILITY	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	65,551	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0	212,863	0
51.00	05100	RECOVERY ROOM	0	0	20,564	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	376,279	0
53.00	05300	ANESTHESIOLOGY	0	0	538	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	103,455	0
54.01	05401	ULTRASOUND	0	0	41,942	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	46,338	0
56.00	05600	RADIOISOTOPE	0	0	19,246	0
56.01	05601	ONCOLOGY	0	0	0	0
57.00	05700	CT SCAN	0	0	29,439	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	28,126	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	97,571	0
60.00	06000	LABORATORY	0	0	37,148	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	3,426	0
65.00	06500	RESPIRATORY THERAPY	0	0	24,757	0
66.00	06600	PHYSICAL THERAPY	0	0	61,932	0
69.00	06900	ELECTROCARDIOLOGY	0	0	66,389	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	6,681	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	95,736	0
76.00	03020	CARDIAC REHAB	0	0	2,972	0
76.01	03021	GI LAB	0	0	57,337	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
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Cost Center Description			OTHER BUI LDING-CANCE R CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-M ED CENTER	
			7.02	7.03	8.00	9.00	9.01	
76.02	03022	ECT	0	0	9,783	0	10,744	76.02
76.03	03023	O/P PSYCH	0	0	0	0	85,964	76.03
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	32,716	0	94,184	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	18,533	90.01
91.00	09100	EMERGENCY	0	0	213,820	0	214,113	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	41,447	0	43,283	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	4,456,509	10,203,731	6,178,421	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	43,425	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	4,947	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,946	0	370,533	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	36,561	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	10,622	194.00
194.01	07951	HOSPICE	0	0	0	0	1,588	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	1,025,200	194.03
194.04	07954	SJM SHARED SERVICES	0	0	0	0	639,073	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	127,871	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	4,780	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	33	0	26,060	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	-86,852	-437,101	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-86,852	-437,101	4,461,488	10,203,731	8,469,081	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part I Date/Time Prepared: 11/25/2013 9:29 am	
Cost Center Description		HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.02	9.03	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00511	PURCHASING					5.02
5.03	00512	ADMINISTRATIVE					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB	1,367,314				9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	367,336			9.03
10.00	01000	DIETARY	14,296	5,597	13,612,590		10.00
11.00	01100	CAFETERIA	0	0	6,648,315	6,648,315	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	155,598	12,097,376
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	173,781	0
15.00	01500	PHARMACY	0	6,493	0	232,233	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,594	0	26,315	0
17.00	01700	SOCIAL SERVICE	0	0	0	19,470	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	180,559	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	55,565	0	0	61,078	0
23.00	02300	PARAMED ED PRGM	0	0	0	4,718	0
23.01	02301	RADIOLOGY SCHOOL	0	0	0	4,059	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,464	0	2,541,357	1,535,882	4,697,492
31.00	03100	INTENSIVE CARE UNIT	0	0	1,957,789	399,831	1,107,267
32.00	03200	CORONARY CARE UNIT	0	0	147,941	88,273	280,918
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	82,732	54,903	193,491
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	303,141	1,067,262
40.00	04000	SUBPROVIDER - I/PF	0	3,224	619,253	182,291	532,951
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
42.01	04201	SUBPROVIDER II	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	135,051	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	491,715
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	117,504
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	441,213	1,108,303
51.00	05100	RECOVERY ROOM	0	0	0	61,524	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	298,723	1,052,771
53.00	05300	ANESTHESIOLOGY	0	0	0	34,929	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	78,694	3,322	0	177,003	0
54.01	05401	ULTRASOUND	0	0	0	34,172	142,108
55.00	05500	RADIOLOGY-THERAPEUTIC	0	88,350	0	53,872	0
56.00	05600	RADIOISOTOPE	0	3,038	0	23,444	0
56.01	05601	ONCOLOGY	0	0	0	0	0
57.00	05700	CT SCAN	0	24,672	0	31,715	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	16,265	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	50,964	70,983
60.00	06000	LABORATORY	11,254	0	0	349,146	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	80,314	0
65.00	06500	RESPIRATORY THERAPY	16,951	0	0	235,276	0
66.00	06600	PHYSICAL THERAPY	44,510	9,593	0	162,318	0
69.00	06900	ELECTROCARDIOLOGY	5,750	0	0	116,887	257,124
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	12,383	43,639
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	76,984	0
76.00	03020	CARDIAC REHAB	0	0	0	24,483	0
76.01	03021	GI LAB	0	0	0	62,357	0
76.02	03022	ECT	0	0	0	5,456	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

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Cost Center Description			HOUSEKEEPING-M OB	HOUSEKEEPING-C ANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.02	9.03	10.00	11.00	13.00	
76.03	03023	O/P PSYCH	0	0	0	20,752	0	76.03
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	33,076	0	118,589	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	303,603	837,407	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	27,365	96,441	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	230,484	179,959	11,997,387	6,376,920	12,097,376	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,554,160	18,878	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	11,833	15,766	0	32,073	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	777,841	60,404	0	26,211	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	3,510	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	61,043	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	296,714	81,209	0	80,223	0	194.03
194.04	07954	SJM SHARED SERVICES	47,473	29,998	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	2,969	0	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	110,500	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,367,314	367,336	13,612,590	6,648,315	12,097,376	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

Period:  
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	14.00	15.00	16.00	17.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 OTHER BUILDING-MOB						1.01
1.02 00102 OTHER BUILDING-CANCER CENTER						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02 00511 PURCHASING						5.02
5.03 00512 ADMITTING						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OTHER BUILDING-MOB						7.01
7.02 00702 OTHER BUILDING-CANCER CENTER						7.02
7.03 00703 HEART HOSPITAL						7.03
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-MED CENTER						9.01
9.02 00902 HOUSEKEEPING-MOB						9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER						9.03
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	7,205,359					14.00
15.00 01500 PHARMACY	0	20,170,955				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,892,161			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	3,056,633		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	9,434,163	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	6,593	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
23.01 02301 RADIOLOGY SCHOOL	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	191,837	1,564,936	4,164,695	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	61,322	238,328	1,918,545	31.00
32.00 03200 CORONARY CARE UNIT	0	0	15,633	119,703	546,158	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	10,709	55,213	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	0	0	73,306	185,848	0	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	11,056	467,904	124,207	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
42.01 04201 SUBPROVIDER II	0	0	0	0	0	42.01
43.00 04300 NURSERY	0	0	9,970	68,326	47,038	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	18,917	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	2,168	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	88,576	0	1,371,353	50.00
51.00 05100 RECOVERY ROOM	0	0	19,144	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	47,199	52,480	579,615	52.00
53.00 05300 ANESTHESIOLOGY	0	0	32,498	0	23,249	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	87,440	0	15,335	54.00
54.01 05401 ULTRASOUND	0	0	22,782	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	47,621	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	28,835	0	0	56.00
56.01 05601 ONCOLOGY	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	77,187	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	26,987	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	31,018	27,331	0	59.00
60.00 06000 LABORATORY	0	0	223,925	0	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	17,545	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	52,021	0	63,138	65.00
66.00 06600 PHYSICAL THERAPY	0	0	29,688	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	90,893	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,451,749	0	98,075	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	3,753,610	0	66,638	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	20,170,955	177,150	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	3,738	54,661	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	20,187	72,689	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

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11/25/2013 9:29 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		14.00	15.00	16.00	17.00	21.00	
76.00	03020	CARDIAC REHAB	0	0	1,248	0	76.00
76.01	03021	GI LAB	0	0	45,847	0	76.01
76.02	03022	ECT	0	0	2,339	18,028	76.02
76.03	03023	O/P PSYCH	0	0	2,598	21,864	76.03
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	14,025	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	1,898	0	90.01
91.00	09100	EMERGENCY	0	0	116,319	109,322	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	17,225	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	4	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,205,359	20,170,955	1,892,161	3,056,633	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	190.02
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	85,892	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	0	194.09
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)	7,205,359	20,170,955	1,892,161	3,056,633	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

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11/25/2013 9:29 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 OTHER BUILDING-MOB						1.01
1.02 00102 OTHER BUILDING-CANCER CENTER						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02 00511 PURCHASING						5.02
5.03 00512 ADMINITTING						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OTHER BUILDING-MOB						7.01
7.02 00702 OTHER BUILDING-CANCER CENTER						7.02
7.03 00703 HEART HOSPITAL						7.03
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-MED CENTER						9.01
9.02 00902 HOUSEKEEPING-MOB						9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER						9.03
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	6,327,986					22.00
23.00 02300 PARAMED PRGM	0	312,131				23.00
23.01 02301 RADIOLOGY SCHOOL	0	0	215,834			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	2,793,478	0	0	109,705,805	-6,958,173	30.00
31.00 03100 INTENSIVE CARE UNIT	1,286,869	0	0	32,278,353	-3,205,414	31.00
32.00 03200 CORONARY CARE UNIT	366,337	0	0	7,234,510	-912,495	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	3,919,146	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	0	0	0	24,561,070	0	35.00
40.00 04000 SUBPROVIDER - I PF	83,312	0	0	12,522,284	-207,519	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
42.01 04201 SUBPROVIDER II	0	0	0	0	0	42.01
43.00 04300 NURSERY	31,551	0	0	9,709,349	-78,589	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	11,595,825	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	4,095,246	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	919,838	0	0	49,561,220	-2,291,191	50.00
51.00 05100 RECOVERY ROOM	0	0	0	3,971,870	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	388,778	0	0	23,588,609	-968,393	52.00
53.00 05300 ANESTHESIOLOGY	15,595	0	0	2,421,219	-38,844	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,286	0	215,834	21,015,798	-25,621	54.00
54.01 05401 ULTRASOUND	0	0	0	4,542,934	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	12,673,362	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	3,795,527	0	56.00
56.01 05601 ONCOLOGY	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	2,806,823	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,383,627	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	6,279,629	0	59.00
60.00 06000 LABORATORY	0	312,131	0	32,467,960	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	8,173,643	0	62.00
65.00 06500 RESPIRATORY THERAPY	42,350	0	0	14,543,025	-105,488	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	19,464,938	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	12,000,842	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	48,713,088	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	44,675,340	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	78,678,054	0	73.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

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Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS					
			22.00	23.00	23.01	24.00	25.00	
74.00	07400	RENAL DIALYSIS	0	0	0	1,204,397	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	10,676,617	0	75.00
76.00	03020	CARDIAC REHAB	0	0	0	1,711,981	0	76.00
76.01	03021	GI LAB	31,370	0	0	8,169,580	-78,139	76.01
76.02	03022	ECT	0	0	0	387,957	0	76.02
76.03	03023	O/P PSYCH	0	0	0	2,360,111	0	76.03
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	116,914	0	0	5,439,936	-291,217	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	1,147,458	0	90.01
91.00	09100	EMERGENCY	183,696	0	0	25,893,129	-457,562	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	3,142,790	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	4,846	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,270,374	312,131	215,834	667,517,898	-15,618,645	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,855,259	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	2,226,912	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,612	0	0	10,216,513	-143,504	192.00
193.00	19300	NONPAID WORKERS	0	0	0	496,838	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	61,043	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	519,664	0	194.00
194.01	07951	HOSPICE	0	0	0	79,387	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	3	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	0	16,099,309	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	172,316,458	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,073,449	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	52,643	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	29,197,458	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	12,484,483	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	-523,953	0	201.00
202.00		TOTAL (sum lines 118-201)	6,327,986	312,131	215,834	915,673,364	-15,762,149	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 OTHER BUILDING-MOB		1.01
1.02	00102 OTHER BUILDING-CANCER CENTER		1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01
2.02	00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER		2.02
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00511 PURCHASING		5.02
5.03	00512 ADMITTING		5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OTHER BUILDING-MOB		7.01
7.02	00702 OTHER BUILDING-CANCER CENTER		7.02
7.03	00703 HEART HOSPITAL		7.03
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-MED CENTER		9.01
9.02	00902 HOUSEKEEPING-MOB		9.02
9.03	00903 HOUSEKEEPING-CANCER CENTER		9.03
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02301 RADIOLOGY SCHOOL		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	102,747,632	30.00
31.00	03100 INTENSIVE CARE UNIT	29,072,939	31.00
32.00	03200 CORONARY CARE UNIT	6,322,015	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	3,919,146	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	24,561,070	35.00
40.00	04000 SUBPROVIDER - IPF	12,314,765	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
42.01	04201 SUBPROVIDER II	0	42.01
43.00	04300 NURSERY	9,630,760	43.00
44.00	04400 SKILLED NURSING FACILITY	11,595,825	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	4,095,246	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	47,270,029	50.00
51.00	05100 RECOVERY ROOM	3,971,870	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	22,620,216	52.00
53.00	05300 ANESTHESIOLOGY	2,382,375	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,990,177	54.00
54.01	05401 ULTRASOUND	4,542,934	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	12,673,362	55.00
56.00	05600 RADIOISOTOPE	3,795,527	56.00
56.01	05601 ONCOLOGY	0	56.01
57.00	05700 CT SCAN	2,806,823	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,383,627	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,279,629	59.00
60.00	06000 LABORATORY	32,467,960	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	8,173,643	62.00
65.00	06500 RESPIRATORY THERAPY	14,437,537	65.00
66.00	06600 PHYSICAL THERAPY	19,464,938	66.00
69.00	06900 ELECTROCARDIOLOGY	12,000,842	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	48,713,088	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	44,675,340	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	78,678,054	73.00
74.00	07400 RENAL DIALYSIS	1,204,397	74.00
75.00	07500 ASC (NON-DISTINCT PART)	10,676,617	75.00
76.00	03020 CARDIAC REHAB	1,711,981	76.00
76.01	03021 GI LAB	8,091,441	76.01
76.02	03022 ECT	387,957	76.02
76.03	03023 O/P PSYCH	2,360,111	76.03

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part I Date/Time Prepared: 11/25/2013 9:29 am
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Cost Center Description		Total	
		26.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	5,148,719	90.00
90.01	09001 HYPERBARI C/OP WOUND	1,147,458	90.01
91.00	09100 EMERGENCY	25,435,567	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 AMBULATORY CARE UNIT	3,142,790	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	4,846	95.00
99.10	09910 CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	651,899,253	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,855,259	190.00
190.01	19001 VENDING MACHINES	0	190.01
190.02	19002 VISITOR MEALS	0	190.02
191.00	19100 RESEARCH	2,226,912	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	10,073,009	192.00
193.00	19300 NONPAID WORKERS	496,838	193.00
193.01	19301 MEALS ON WHEELS	61,043	193.01
193.03	19303 CONVENT	0	193.03
193.06	19306 VACANT SPACE	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	519,664	194.00
194.01	07951 HOSPICE	79,387	194.01
194.02	07952 SHARED SERVICES	3	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	16,099,309	194.03
194.04	07954 SJMH SHARED SERVICES	172,316,458	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	1,073,449	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	52,643	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	194.07
194.08	07958 REHAB HOSPITAL	29,197,458	194.08
194.09	07960 MERCY SAFEWATCH	12,484,483	194.09
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	-523,953	201.00
202.00	TOTAL (sum lines 118-201)	899,911,215	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/25/2013 9:29 am
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	OTHER BUILDING-MOB	OTHER BUILDING-CANCER CENTER	NEW MVBLE EQUIP		
		0	1.00	1.01	1.02	2.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OTHER BUILDING-MOB					1.01	
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01	
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	166,074	1,676	68,594	6,133	4.00
5.02	00511	PURCHASING	0	75,872	0	0	0	5.02
5.03	00512	ADMITTING	0	120,275	462	0	29,176	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	15,443,958	899,012	77,507	10,925	2,559,589	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	3,857,446	70,292	227,114	157,317	6.00
7.00	00700	OPERATION OF PLANT	0	109,885	0	0	403,032	7.00
7.01	00701	OTHER BUILDING-MOB	0	0	0	0	1,409	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	153,906	0	0	2,918	8.00
9.00	00900	HOUSEKEEPING	0	254,697	10,389	14,747	56,760	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	0	682,018	13,314	25,253	115,930	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	170,579	0	0	215,916	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	333,761	0	0	433,620	14.00
15.00	01500	PHARMACY	0	242,395	0	29,295	311,969	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	80,743	0	11,706	0	16.00
17.00	01700	SOCIAL SERVICE	0	97,018	0	0	9,143	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	20,032	0	0	617	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	70,735	51,749	0	19,694	22.00
23.00	02300	PARAMED PRGM	0	15,061	0	0	1,863	23.00
23.01	02301	RADIOLOGY SCHOOL	0	4,223	0	0	259	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	5,765,738	3,226	0	1,969,491	30.00
31.00	03100	INTENSIVE CARE UNIT	0	637,649	0	0	626,447	31.00
32.00	03200	CORONARY CARE UNIT	0	150,215	0	0	235,386	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	138,113	0	0	57,833	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	1,064,056	0	0	977,572	35.00
40.00	04000	SUBPROVIDER - IPF	0	483,976	0	14,547	23,970	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
42.01	04201	SUBPROVIDER II	0	0	0	0	0	42.01
43.00	04300	NURSERY	0	61,509	0	0	6,018	43.00
44.00	04400	SKILLED NURSING FACILITY	0	419,159	0	0	147,461	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	299,399	0	0	19,087	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	1,465,992	0	0	3,154,559	50.00
51.00	05100	RECOVERY ROOM	0	94,242	0	0	33,408	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,098,168	0	0	769,902	52.00
53.00	05300	ANESTHESIOLOGY	0	70,037	0	0	623,782	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	885,464	73,290	14,988	2,349,647	54.00
54.01	05401	ULTRASOUND	0	213,602	0	0	442,190	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	132,627	0	398,618	462,203	55.00
56.00	05600	RADIOISOTOPE	0	229,046	0	13,707	433,122	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	61,559	0	111,316	66,732	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	146,059	0	0	750,426	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	469,979	0	0	661,690	59.00
60.00	06000	LABORATORY	0	683,199	10,481	0	435,761	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	128,554	0	0	15,954	62.00
65.00	06500	RESPIRATORY THERAPY	0	215,398	15,787	0	372,389	65.00
66.00	06600	PHYSICAL THERAPY	0	493,003	41,453	43,282	77,331	66.00
69.00	06900	ELECTROCARDIOLOGY	0	534,945	5,355	0	1,040,358	69.00
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	55,125	0	0	32,549	74.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/25/2013 9:29 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				NEW MVBLE EQUIP		
		NEW BLDG & FIXT	OTHER BUI LDING-MOB	OTHER BUI LDING-CANCE R CENTER				
		1.00	1.01	1.02	2.00			
75.00 07500 ASC (NON-DISTINCT PART)	0	720,703	0	0	601,439	75.00		
76.00 03020 CARDIAC REHAB	0	86,345	0	0	18,555	76.00		
76.01 03021 GI LAB	0	251,073	0	0	893,479	76.01		
76.02 03022 ECT	0	35,309	0	0	0	76.02		
76.03 03023 O/P PSYCH	0	282,526	0	0	6,331	76.03		
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00		
90.00 09000 CLINIC	0	309,540	0	149,235	44,015	90.00		
90.01 09001 HYPERBARIC/OP WOUND	0	60,911	0	0	34,119	90.01		
91.00 09100 EMERGENCY	0	703,696	0	0	335,193	91.00		
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02		
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00		
92.01 09201 AMBULATORY CARE UNIT	0	142,252	0	0	134,459	92.01		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00		
99.10 09910 CORF	0	0	0	0	0	99.10		
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00		
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00		
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,443,958	25,942,900	374,981	1,133,327	22,178,203	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	142,718	0	0	15,552	190.00		
190.01 19001 VENDING MACHINES	0	0	0	0	0	190.01		
190.02 19002 VISITOR MEALS	0	0	0	0	0	190.02		
191.00 19100 RESEARCH	0	16,258	11,020	71,136	35,475	191.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	1,217,779	724,421	272,537	882	192.00		
193.00 19300 NONPAID WORKERS	0	120,159	0	0	2,894	193.00		
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01		
193.03 19303 CONVENT	0	0	0	0	0	193.03		
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06		
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07		
194.00 07950 NEIGHBORHOOD MINISTRIES	0	34,911	0	0	904	194.00		
194.01 07951 HOSPICE	0	5,220	0	0	0	194.01		
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02		
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	3,369,380	276,336	366,404	70,612	194.03		
194.04 07954 SJMH SHARED SERVICES	0	2,100,350	44,213	135,348	0	194.04		
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	420,256	0	0	0	194.05		
194.06 07956 OTHER NONREIMBURSABLE COST CENTERS	0	15,710	2,765	0	0	194.06		
194.07 07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07		
194.08 07958 REHAB HOSPITAL	0	0	0	0	0	194.08		
194.09 07960 MERCY SAFEWATCH	0	85,647	0	0	78,248	194.09		
200.00		Cross Foot Adjustments				200.00		
201.00		Negative Cost Centers	0	0	0	201.00		
202.00		TOTAL (sum lines 118-201)	15,443,958	33,471,288	1,433,736	1,978,752	22,382,770	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/25/2013 9:29 am
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Cost Center Description		CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING	
		NEW MVBLE EQUI P-MOB	NEW MVBLE EQUI P-CANCER				
		2.01	2.02				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUI P					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUI P-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUI P-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	276	0	242,753	242,753	4.00
5.02	00511	PURCHASING	0	0	75,872	0	5.02
5.03	00512	ADMINISTRATIVE	389	0	150,302	3,296	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	13,623	3,226	19,007,840	7,292	5.04
6.00	00600	MAINTENANCE & REPAIRS	10,178	7,239	4,329,586	2,607	6.00
7.00	00700	OPERATION OF PLANT	0	0	512,917	1,243	7.00
7.01	00701	OTHER BUILDING-MOB	13,738	0	15,147	0	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	27,382	27,382	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	156,824	567	8.00
9.00	00900	HOUSEKEEPING	8,051	2,760	347,404	4,906	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	9.03
10.00	01000	DIETARY	3,546	724	840,785	5,242	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	386,495	6,301	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	767,381	2,544	14.00
15.00	01500	PHARMACY	0	31,576	615,235	8,416	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	92,449	543	16.00
17.00	01700	SOCIAL SERVICE	0	0	106,161	493	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	20,649	4,086	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22,473	0	164,651	2,341	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	16,924	161	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	4,482	160	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	34,535	0	7,772,990	45,680	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,264,096	15,888	31.00
32.00	03200	CORONARY CARE UNIT	0	0	385,601	2,472	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	195,946	1,469	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	2,041,628	9,214	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	522,493	4,605	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
42.01	04201	SUBPROVIDER II	0	0	0	0	42.01
43.00	04300	NURSERY	0	0	67,527	4,096	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	566,620	4,774	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	318,486	1,467	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	4,620,551	12,469	50.00
51.00	05100	RECOVERY ROOM	0	0	127,650	1,824	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,868,070	8,387	52.00
53.00	05300	ANESTHESIOLOGY	0	0	693,819	532	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	223,014	2,595	3,548,998	6,149	54.00
54.01	05401	ULTRASOUND	0	0	655,792	1,429	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,843,822	3,837,270	1,823	55.00
56.00	05600	RADIOISOTOPE	0	68,721	744,596	1,059	56.00
56.01	05601	ONCOLOGY	0	0	0	0	56.01
57.00	05700	CT SCAN	0	101,324	340,931	872	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	896,485	427	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,131,669	1,666	59.00
60.00	06000	LABORATORY	11,711	0	1,141,152	7,488	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	144,508	2,199	62.00
65.00	06500	RESPIRATORY THERAPY	146,766	0	750,340	6,112	65.00
66.00	06600	PHYSICAL THERAPY	56,367	7,053	718,489	7,810	66.00
69.00	06900	ELECTROCARDIOLOGY	11,301	0	1,591,959	6,399	69.00
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	87,674	441	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	1,322,142	2,956	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	PURCHASING	
			NEW MVBLE EQUI P-MOB	NEW MVBLE EQUI P-CANCER				
			2.01	2.02				
76.00	03020	CARDI AC REHAB	0	0	104,900	730	10	76.00
76.01	03021	GI LAB	0	0	1,144,552	2,651	1,071	76.01
76.02	03022	ECT	0	0	35,309	129	15	76.02
76.03	03023	O/P PSYCH	0	0	288,857	526	17	76.03
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	50,053	552,843	3,367	1,640	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	95,030	540	97	90.01
91.00	09100	EMERGENCY	0	0	1,038,889	15,254	1,004	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	276,711	815	103	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	555,968	3,146,475	68,775,812	233,917	75,220	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	158,270	245	453	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	3,077	136,966	851	12	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,540	0	2,219,159	984	8	192.00
193.00	19300	NONPAID WORKERS	0	0	123,053	78	11	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	35,815	172	3	194.00
194.01	07951	HOSPICE	0	0	5,220	0	1	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	4,082,732	1,654	153	194.03
194.04	07954	SJMHS SHARED SERVICES	0	0	2,279,911	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	420,256	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	18,475	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	163,895	4,852	11	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	559,508	3,149,552	78,419,564	242,753	75,872	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/25/2013 9:29 am	
Cost Center Description			ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5.03	5.04	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00511	PURCHASING						5.02
5.03	00512	ADMINISTRATIVE	153,691					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	19,015,132				5.04
6.00	00600	MAINTENANCE & REPAIRS	0	474,332	4,806,692			6.00
7.00	00700	OPERATION OF PLANT	0	109,960	18,629	642,773		7.00
7.01	00701	OTHER BUILDING-MOB	0	58,610	0	0	73,758	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	0	7.02
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	89,413	26,092	3,503	0	8.00
9.00	00900	HOUSEKEEPING	0	206,022	43,179	5,797	597	9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.03
10.00	01000	DIETARY	62	263,088	115,624	15,522	765	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	6	243,211	28,919	3,882	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	136,764	56,583	7,596	0	14.00
15.00	01500	PHARMACY	0	407,063	41,094	5,517	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	36,491	13,689	1,838	0	16.00
17.00	01700	SOCIAL SERVICE	0	60,416	16,448	2,208	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	191,515	3,396	456	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	535	124,491	11,992	1,610	2,973	22.00
23.00	02300	PARAMED PRGM	0	5,974	2,553	343	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	4,281	716	96	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,569	1,715,693	977,482	131,220	185	30.00
31.00	03100	INTENSIVE CARE UNIT	4,977	503,862	108,102	14,512	0	31.00
32.00	03200	CORONARY CARE UNIT	1,269	111,744	25,466	3,419	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	869	66,685	23,415	3,143	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	5,950	444,805	180,392	24,217	0	35.00
40.00	04000	SUBPROVIDER - I PF	897	203,300	82,050	11,015	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
42.01	04201	SUBPROVIDER II	0	0	0	0	0	42.01
43.00	04300	NURSERY	809	193,795	10,428	1,400	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,359	216,729	71,061	9,540	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	176	73,067	50,758	6,814	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,189	903,074	248,534	33,364	0	50.00
51.00	05100	RECOVERY ROOM	1,564	77,789	15,977	2,145	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,831	401,894	186,175	24,993	0	52.00
53.00	05300	ANESTHESIOLOGY	2,638	46,144	11,874	1,594	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,097	394,571	150,115	20,152	4,211	54.00
54.01	05401	ULTRASOUND	1,849	83,517	36,213	4,861	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,865	254,549	22,485	3,018	0	55.00
56.00	05600	RADIOISOTOPE	2,340	71,043	38,831	5,213	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	6,264	53,209	10,436	1,401	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,190	44,046	24,762	3,324	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,517	111,874	79,677	10,696	0	59.00
60.00	06000	LABORATORY	17,371	635,560	115,824	15,549	602	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,424	164,068	21,794	2,926	0	62.00
65.00	06500	RESPIRATORY THERAPY	4,222	286,281	36,517	4,902	907	65.00
66.00	06600	PHYSICAL THERAPY	2,411	382,391	83,580	11,220	2,382	66.00
69.00	06900	ELECTROCARDIOLOGY	7,377	223,238	90,691	12,175	308	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,960	937,351	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,408	847,936	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,377	1,210,622	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	303	20,995	9,346	1,255	0	74.00
75.00	07500	ASC (NON-DIAGNOSTIC PART)	1,638	196,617	122,183	16,402	0	75.00
76.00	03020	CARDIAC REHAB	101	32,604	14,638	1,965	0	76.00
76.01	03021	GI LAB	3,721	157,720	42,565	5,714	0	76.01



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description			ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OTHER BUILDING-MOB	
			5.03	5.04	6.00	7.00	7.01	
76.02	03022	ECT	190	6,359	5,986	804	0	76.02
76.03	03023	O/P PSYCH	211	40,416	47,897	6,430	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,138	94,384	52,477	7,045	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	154	22,131	10,326	1,386	0	90.01
91.00	09100	EMERGENCY	9,440	476,104	119,299	16,015	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	1,398	57,599	24,116	3,237	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	101	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	152,666	14,175,498	3,530,386	471,434	12,930	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	43,513	24,195	3,248	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	44,038	2,756	370	633	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,025	125,062	206,453	27,715	41,620	192.00
193.00	19300	NONPAID WORKERS	0	6,994	20,371	2,735	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	9,843	5,918	795	0	194.00
194.01	07951	HOSPICE	0	1,507	885	119	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	221,028	571,220	76,683	15,876	194.03
194.04	07954	SJM SHARED SERVICES	0	3,515,747	356,078	47,802	2,540	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	10,931	71,247	9,565	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	481	2,663	358	159	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	605,985	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	254,505	14,520	1,949	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	153,691	19,015,132	4,806,692	642,773	73,758	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/25/2013 9:29 am	
Cost Center Description			OTHER BUILDING-CANCER CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-MED CENTER	
			7.02	7.03	8.00	9.00	9.01	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OTHER BUILDING-MOB						1.01
1.02	00102	OTHER BUILDING-CANCER CENTER						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00511	PURCHASING						5.02
5.03	00512	ADMITTING						5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OTHER BUILDING-MOB						7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	27,382					7.02
7.03	00703	HEART HOSPITAL	0	0				7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	276,832			8.00
9.00	00900	HOUSEKEEPING	0	0	31	608,499		9.00
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	505,053	505,053	9.01
9.02	00902	HOUSEKEEPING-MOB	0	0	0	81,540	0	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	21,906	0	9.03
10.00	01000	DIETARY	0	0	0	0	12,375	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	92	0	3,095	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	485	0	6,056	14.00
15.00	01500	PHARMACY	0	0	236	0	4,398	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,465	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,760	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	363	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	42	0	1,283	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	273	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	77	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	126,507	0	104,619	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	12,521	0	11,570	31.00
32.00	03200	CORONARY CARE UNIT	0	0	5,591	0	2,726	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	8,029	0	2,506	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	7,174	0	19,307	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	4,533	0	8,782	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
42.01	04201	SUBPROVIDER II	0	0	0	0	0	42.01
43.00	04300	NURSERY	0	0	0	0	1,116	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	6,045	0	7,606	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	4,067	0	5,433	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	13,208	0	26,601	50.00
51.00	05100	RECOVERY ROOM	0	0	1,276	0	1,710	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	23,348	0	19,926	52.00
53.00	05300	ANESTHESIOLOGY	0	0	33	0	1,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	6,419	0	16,067	54.00
54.01	05401	ULTRASOUND	0	0	2,602	0	3,876	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,875	0	2,407	55.00
56.00	05600	RADIOISOTOPE	0	0	1,194	0	4,156	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	1,827	0	1,117	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,745	0	2,650	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	6,054	0	8,528	59.00
60.00	06000	LABORATORY	0	0	2,305	0	12,397	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	213	0	2,333	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,536	0	3,908	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,843	0	8,946	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4,119	0	9,707	69.00
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	415	0	1,000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	5,940	0	13,077	75.00
76.00	03020	CARDIAC REHAB	0	0	184	0	1,567	76.00
76.01	03021	GI LAB	0	0	3,558	0	4,556	76.01

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/25/2013 9:29 am	
Cost Center Description			OTHER BUI LDING-CANCE R CENTER	HEART HOSPITAL	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-M ED CENTER	
			7.02	7.03	8.00	9.00	9.01	
76.02	03022	ECT	0	0	607	0	641	76.02
76.03	03023	O/P PSYCH	0	0	0	0	5,126	76.03
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	2,030	0	5,617	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	1,105	90.01
91.00	09100	EMERGENCY	0	0	13,267	0	12,769	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	2,572	0	2,581	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	276,523	608,499	368,449	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2,590	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	295	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	307	0	22,097	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	2,180	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	633	194.00
194.01	07951	HOSPICE	0	0	0	0	95	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	61,138	194.03
194.04	07954	SJM SHARED SERVICES	0	0	0	0	38,111	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	7,626	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	285	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	2	0	1,554	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	27,382	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	27,382	0	276,832	608,499	505,053	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/25/2013 9:29 am	
Cost Center Description		HOUSEKEEPING-MOB	HOUSEKEEPING-CANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.02	9.03	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00511	PURCHASING					5.02
5.03	00512	ADMINISTRATIVE					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB	81,540				9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	21,906			9.03
10.00	01000	DIETARY	853	334	1,257,426		10.00
11.00	01100	CAFETERIA	0	0	614,120	614,120	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	14,373	686,467
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	16,053	0
15.00	01500	PHARMACY	0	387	0	21,452	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	155	0	2,431	0
17.00	01700	SOCIAL SERVICE	0	0	0	1,799	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	16,679	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,314	0	0	5,642	0
23.00	02300	PARAMED PRGM	0	0	0	436	0
23.01	02301	RADIOLOGY SCHOOL	0	0	0	375	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	207	0	234,751	141,869	266,558
31.00	03100	INTENSIVE CARE UNIT	0	0	180,845	36,933	62,832
32.00	03200	CORONARY CARE UNIT	0	0	13,666	8,154	15,941
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	7,642	5,072	10,980
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	28,002	60,562
40.00	04000	SUBPROVIDER - I/PF	0	192	57,202	16,839	30,242
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
42.01	04201	SUBPROVIDER II	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	12,475	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	27,902
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	6,668
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	40,756	62,891
51.00	05100	RECOVERY ROOM	0	0	0	5,683	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	27,594	59,740
53.00	05300	ANESTHESIOLOGY	0	0	0	3,226	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,693	198	0	16,350	0
54.01	05401	ULTRASOUND	0	0	0	3,157	8,064
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,270	0	4,976	0
56.00	05600	RADIOISOTOPE	0	181	0	2,166	0
56.01	05601	ONCOLOGY	0	0	0	0	0
57.00	05700	CT SCAN	0	1,471	0	2,930	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,502	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,708	4,028
60.00	06000	LABORATORY	671	0	0	32,251	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7,419	0
65.00	06500	RESPIRATORY THERAPY	1,011	0	0	21,733	0
66.00	06600	PHYSICAL THERAPY	2,654	572	0	14,994	0
69.00	06900	ELECTROCARDIOLOGY	343	0	0	10,797	14,591
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	1,144	2,476
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	7,111	0
76.00	03020	CARDIAC REHAB	0	0	0	2,262	0
76.01	03021	GI LAB	0	0	0	5,760	0
76.02	03022	ECT	0	0	0	504	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description			HOUSEKEEPING-M OB	HOUSEKEEPING-C ANCER CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			9.02	9.03	10.00	11.00	13.00	
76.03	03023	O/P PSYCH	0	0	0	1,917	0	76.03
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	1,972	0	10,954	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	28,045	47,519	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	2,528	5,473	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,746	10,732	1,108,226	589,051	686,467	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	143,561	1,744	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	706	940	0	2,963	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	46,385	3,602	0	2,421	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	324	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	5,639	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	17,695	4,843	0	7,410	0	194.03
194.04	07954	SJM SHARED SERVICES	2,831	1,789	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	177	0	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	0	10,207	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	81,540	21,906	1,257,426	614,120	686,467	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/25/2013 9:29 am		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES
		14.00	15.00	16.00	17.00	21.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	OTHER BUILDING-MOB				1.01
1.02	00102	OTHER BUILDING-CANCER CENTER				1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB				2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.02	00511	PURCHASING				5.02
5.03	00512	ADMINISTRATIVE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OTHER BUILDING-MOB				7.01
7.02	00702	OTHER BUILDING-CANCER CENTER				7.02
7.03	00703	HEART HOSPITAL				7.03
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-MED CENTER				9.01
9.02	00902	HOUSEKEEPING-MOB				9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER				9.03
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	993,710			14.00
15.00	01500	PHARMACY	0	1,122,969		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	149,063	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	179,304
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	516	0
23.00	02300	PARAMED ED PRGM	0	0	0	0
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0
23.01	02301	RADIOLOGY SCHOOL	0	0	0	237,147
23.01	02301	RADIOLOGY SCHOOL	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	0	0	15,013	96,921
31.00	03100	INTENSIVE CARE UNIT	0	0	4,799	14,760
32.00	03200	CORONARY CARE UNIT	0	0	1,223	7,413
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	838	3,419
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	5,737	11,510
40.00	04000	SUBPROVIDER - I PF	0	0	865	28,978
41.00	04100	SUBPROVIDER - I RF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
42.01	04201	SUBPROVIDER II	0	0	0	0
43.00	04300	NURSERY	0	0	780	4,232
44.00	04400	SKILLED NURSING FACILITY	0	0	1,480	0
45.00	04500	NURSING FACILITY	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	170	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	0	6,932	0
51.00	05100	RECOVERY ROOM	0	0	1,498	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,694	3,250
53.00	05300	ANESTHESIOLOGY	0	0	2,543	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	6,843	0
54.01	05401	ULTRASOUND	0	0	1,783	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,727	0
56.00	05600	RADIOISOTOPE	0	0	2,257	0
56.01	05601	ONCOLOGY	0	0	0	0
57.00	05700	CT SCAN	0	0	6,041	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,112	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,428	1,693
60.00	06000	LABORATORY	0	0	18,507	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1,373	0
65.00	06500	RESPIRATORY THERAPY	0	0	4,071	0
66.00	06600	PHYSICAL THERAPY	0	0	2,323	0
69.00	06900	ELECTROCARDIOLOGY	0	0	7,113	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	476,052	0	7,675	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	517,658	0	5,215	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,122,969	13,864	0
74.00	07400	RENAL DIALYSIS	0	0	293	3,385
75.00	07500	ASC (NON-DISTINCT PART)	0	0	1,580	4,502

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		14.00	15.00	16.00	17.00	21.00	
76.00	03020 CARDIAC REHAB	0	0	98	0		76.00
76.01	03021 GI LAB	0	0	3,588	0		76.01
76.02	03022 ECT	0	0	183	1,116		76.02
76.03	03023 O/P PSYCH	0	0	203	1,354		76.03
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	1,098	0		90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	149	0		90.01
91.00	09100 EMERGENCY	0	0	9,103	6,771		91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0		91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	1,348	0		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0		95.00
99.10	09910 CORF	0	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	993,710	1,122,969	149,063	189,304	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001 VENDING MACHINES	0	0	0	0		190.01
190.02	19002 VISITOR MEALS	0	0	0	0		190.02
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
193.01	19301 MEALS ON WHEELS	0	0	0	0		193.01
193.03	19303 CONVENT	0	0	0	0		193.03
193.06	19306 VACANT SPACE	0	0	0	0		193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0		193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	0	0	0	0		194.00
194.01	07951 HOSPICE	0	0	0	0		194.01
194.02	07952 SHARED SERVICES	0	0	0	0		194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	0	0	0	0		194.03
194.04	07954 SJMH SHARED SERVICES	0	0	0	0		194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.07
194.08	07958 REHAB HOSPITAL	0	0	0	0		194.08
194.09	07960 MERCY SAFEWATCH	0	0	0	0		194.09
200.00	Cross Foot Adjustments					237,147	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	993,710	1,122,969	149,063	189,304	237,147	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/25/2013 9:29 am	
Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		22.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00511	PURCHASING					5.02
5.03	00512	ADMINISTRATIVE					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB					9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER					9.03
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	319,416				22.00
23.00	02300	PARAMED PRGM		26,665			23.00
23.01	02301	RADIOLOGY SCHOOL			10,188		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS			11,647,376	0	30.00
31.00	03100	INTENSIVE CARE UNIT			2,236,611	0	31.00
32.00	03200	CORONARY CARE UNIT			584,878	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT			330,175	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT			2,839,003	0	35.00
40.00	04000	SUBPROVIDER - I PF			972,044	0	40.00
41.00	04100	SUBPROVIDER - I RF			0	0	41.00
42.00	04200	SUBPROVIDER			0	0	42.00
42.01	04201	SUBPROVIDER II			0	0	42.01
43.00	04300	NURSERY			296,871	0	43.00
44.00	04400	SKILLED NURSING FACILITY			913,116	0	44.00
45.00	04500	NURSING FACILITY			0	0	45.00
46.00	04600	OTHER LONG TERM CARE			467,106	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM			6,000,321	0	50.00
51.00	05100	RECOVERY ROOM			237,173	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			2,631,861	0	52.00
53.00	05300	ANESTHESIOLOGY			765,807	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			4,183,267	0	54.00
54.01	05401	ULTRASOUND			803,173	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC			4,142,417	0	55.00
56.00	05600	RADIOISOTOPE			873,834	0	56.00
56.01	05601	ONCOLOGY			0	0	56.01
57.00	05700	CT SCAN			427,037	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			979,367	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			1,367,894	0	59.00
60.00	06000	LABORATORY			2,002,104	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL			0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			349,275	0	62.00
65.00	06500	RESPIRATORY THERAPY			1,122,372	0	65.00
66.00	06600	PHYSICAL THERAPY			1,241,973	0	66.00
69.00	06900	ELECTROCARDIOLOGY			1,983,640	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			1,429,038	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT			1,376,217	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			2,361,832	0	73.00



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/25/2013 9:29 am		
Cost Center Description	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS	PARAMED PRGM	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	22.00						
74.00	07400	RENAL DIALYSIS				0	74.00
75.00	07500	ASC (NON-DISTINCT PART)			128,839	0	75.00
76.00	03020	CARDIAC REHAB			1,694,767	0	76.00
76.01	03021	GI LAB			159,059	0	76.01
76.02	03022	ECT			1,375,456	0	76.02
76.03	03023	O/P PSYCH			51,843	0	76.03
		OUTPATIENT SERVICE COST CENTERS			392,954	0	
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			734,565	0	90.00
90.01	09001	HYPERBARIC/OP WOUND			130,918	0	90.01
91.00	09100	EMERGENCY			1,793,479	0	91.00
91.02	09101	NATURAL FAMILY PLANNING			0	0	91.02
91.03	09102	PAIN THERAPY CENTER			0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	92.00
92.01	09201	AMBULATORY CARE UNIT			378,481	0	92.01
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			101	0	95.00
99.10	09910	CORF			0	0	99.10
		SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	61,406,244	0
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			377,819	0	190.00
190.01	19001	VENDING MACHINES			0	0	190.01
190.02	19002	VISITOR MEALS			0	0	190.02
191.00	19100	RESEARCH			190,530	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			2,696,838	0	192.00
193.00	19300	NONPAID WORKERS			155,746	0	193.00
193.01	19301	MEALS ON WHEELS			5,639	0	193.01
193.03	19303	CONVENT			0	0	193.03
193.06	19306	VACANT SPACE			0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE			0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES			53,179	0	194.00
194.01	07951	HOSPICE			7,827	0	194.01
194.02	07952	SHARED SERVICES			0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE			5,060,432	0	194.03
194.04	07954	SJMH SHARED SERVICES			6,244,809	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS			519,625	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS			22,598	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS			0	0	194.07
194.08	07958	REHAB HOSPITAL			605,985	0	194.08
194.09	07960	MERCY SAFEWATCH			451,495	0	194.09
200.00		Cross Foot Adjustments	319,416	26,665	10,188	593,416	0
201.00		Negative Cost Centers	0	0	0	27,382	0
202.00		TOTAL (sum lines 118-201)	319,416	26,665	10,188	78,419,564	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/25/2013 9:29 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 OTHER BUILDING-MOB		1.01
1.02	00102 OTHER BUILDING-CANCER CENTER		1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01
2.02	00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER		2.02
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00511 PURCHASING		5.02
5.03	00512 ADMITTING		5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
7.01	00701 OTHER BUILDING-MOB		7.01
7.02	00702 OTHER BUILDING-CANCER CENTER		7.02
7.03	00703 HEART HOSPITAL		7.03
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
9.01	00901 HOUSEKEEPING-MED CENTER		9.01
9.02	00902 HOUSEKEEPING-MOB		9.02
9.03	00903 HOUSEKEEPING-CANCER CENTER		9.03
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
23.01	02301 RADIOLOGY SCHOOL		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	11,647,376	30.00
31.00	03100 INTENSIVE CARE UNIT	2,236,611	31.00
32.00	03200 CORONARY CARE UNIT	584,878	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	330,175	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT	2,839,003	35.00
40.00	04000 SUBPROVIDER - IPF	972,044	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
42.01	04201 SUBPROVIDER II	0	42.01
43.00	04300 NURSERY	296,871	43.00
44.00	04400 SKILLED NURSING FACILITY	913,116	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	467,106	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	6,000,321	50.00
51.00	05100 RECOVERY ROOM	237,173	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,631,861	52.00
53.00	05300 ANESTHESIOLOGY	765,807	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,183,267	54.00
54.01	05401 ULTRASOUND	803,173	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	4,142,417	55.00
56.00	05600 RADIOISOTOPE	873,834	56.00
56.01	05601 ONCOLOGY	0	56.01
57.00	05700 CT SCAN	427,037	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	979,367	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,367,894	59.00
60.00	06000 LABORATORY	2,002,104	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	349,275	62.00
65.00	06500 RESPIRATORY THERAPY	1,122,372	65.00
66.00	06600 PHYSICAL THERAPY	1,241,973	66.00
69.00	06900 ELECTROCARDIOLOGY	1,983,640	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,429,038	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,376,217	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,361,832	73.00
74.00	07400 RENAL DIALYSIS	128,839	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,694,767	75.00
76.00	03020 CARDIAC REHAB	159,059	76.00
76.01	03021 GI LAB	1,375,456	76.01
76.02	03022 ECT	51,843	76.02
76.03	03023 O/P PSYCH	392,954	76.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/25/2013 9:29 am
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Cost Center Description		Total	
		26.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	734,565	90.00
90.01	09001 HYPERBARIC/OP WOUND	130,918	90.01
91.00	09100 EMERGENCY	1,793,479	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201 AMBULATORY CARE UNIT	378,481	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	101	95.00
99.10	09910 CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	61,406,244	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	377,819	190.00
190.01	19001 VENDING MACHINES	0	190.01
190.02	19002 VISITOR MEALS	0	190.02
191.00	19100 RESEARCH	190,530	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,696,838	192.00
193.00	19300 NONPAID WORKERS	155,746	193.00
193.01	19301 MEALS ON WHEELS	5,639	193.01
193.03	19303 CONVENT	0	193.03
193.06	19306 VACANT SPACE	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	53,179	194.00
194.01	07951 HOSPICE	7,827	194.01
194.02	07952 SHARED SERVICES	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	5,060,432	194.03
194.04	07954 SJMH SHARED SERVICES	6,244,809	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	519,625	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	22,598	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	194.07
194.08	07958 REHAB HOSPITAL	605,985	194.08
194.09	07960 MERCY SAFEWATCH	451,495	194.09
200.00	Cross Foot Adjustments	593,416	200.00
201.00	Negative Cost Centers	27,382	201.00
202.00	TOTAL (sum lines 118-201)	78,419,564	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1

Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCER CENTER (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	NEW MVBLE EQUIP-MOB (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	2.01		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,013,425					1.00
1.01	00101	OTHER BUILDING-MOB	0	295,063				1.01
1.02	00102	OTHER BUILDING-CANCER CENTER	0	0	98,888			1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				22,622,264		2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB				0	556,289	2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER				0	0	2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00511	PURCHASING	9,990	345	3,428	6,199	274	4.00
5.03	00512	ADMINISTRATIVE	4,564	0	0	0	0	5.02
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	7,235	95	0	29,488	387	5.03
6.00	00600	MAINTENANCE & REPAIRS	54,079	15,951	546	2,586,977	13,545	5.04
7.00	00700	OPERATION OF PLANT	232,040	14,466	11,350	159,000	10,119	6.00
7.01	00701	OTHER BUILDING-MOB	6,610	0	0	407,345	0	7.00
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	1,424	13,659	7.01
7.03	00703	HEART HOSPITAL	0	0	0	0	0	7.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	7.03
9.00	00900	HOUSEKEEPING	9,258	0	0	2,949	0	8.00
9.01	00901	HOUSEKEEPING-MED CENTER	15,321	2,138	737	57,367	8,005	9.00
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0	9.01
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0	9.02
10.00	01000	DIETARY	0	0	0	0	0	9.03
11.00	01100	CAFETERIA	41,026	2,740	1,262	117,170	3,526	10.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	11.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,261	0	0	218,226	0	13.00
15.00	01500	PHARMACY	20,077	0	0	438,260	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,581	0	1,464	315,307	0	15.00
17.00	01700	SOCIAL SERVICE	4,857	0	585	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,836	0	0	9,241	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,205	0	0	624	0	21.00
23.00	02300	PARAMED ED PRGM	4,255	10,650	0	19,905	22,344	22.00
23.01	02301	RADIOLOGY SCHOOL	906	0	0	1,883	0	23.00
			254	0	0	262	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	346,831	664	0	1,990,565	34,336	30.00
31.00	03100	INTENSIVE CARE UNIT	38,357	0	0	633,150	0	31.00
32.00	03200	CORONARY CARE UNIT	9,036	0	0	237,905	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	8,308	0	0	58,452	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	64,007	0	0	988,032	0	35.00
40.00	04000	SUBPROVIDER - I/PF	29,113	0	727	24,226	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
42.01	04201	SUBPROVIDER II	0	0	0	0	0	42.01
43.00	04300	NURSERY	3,700	0	0	6,082	0	43.00
44.00	04400	SKILLED NURSING FACILITY	25,214	0	0	149,039	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	18,010	0	0	19,291	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	88,185	0	0	3,188,305	0	50.00
51.00	05100	RECOVERY ROOM	5,669	0	0	33,765	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,059	0	0	778,140	0	52.00
53.00	05300	ANESTHESIOLOGY	4,213	0	0	630,457	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,264	15,083	749	2,374,789	221,729	54.00
54.01	05401	ULTRASOUND	12,849	0	0	446,922	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	7,978	0	19,921	467,149	0	55.00
56.00	05600	RADIOISOTOPE	13,778	0	685	437,757	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	3,703	0	5,563	67,446	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,786	0	0	758,456	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,271	0	0	668,770	0	59.00
60.00	06000	LABORATORY	41,097	2,157	0	440,424	11,644	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,733	0	0	16,125	0	62.00
65.00	06500	RESPIRATORY THERAPY	12,957	3,249	0	376,374	145,922	65.00
66.00	06600	PHYSICAL THERAPY	29,656	8,531	2,163	78,158	56,043	66.00
69.00	06900	ELECTROCARDIOLOGY	32,179	1,102	0	1,051,490	11,236	69.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

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Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQUARE FEET)	OTHER BUI LDING-MOB (SQUARE FEET)	OTHER BUI LDING-CANCE R CENTER (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	NEW MVBLE EQUIP-MOB (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	2.01		
74.00	07400	RENAL DIALYSIS	3,316	0	0	32,897	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	43,353	0	0	607,875	0	75.00
76.00	03020	CARDIAC REHAB	5,194	0	0	18,754	0	76.00
76.01	03021	GI LAB	15,103	0	0	903,039	0	76.01
76.02	03022	ECT	2,124	0	0	0	0	76.02
76.03	03023	O/P PSYCH	16,995	0	0	6,399	0	76.03
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	18,620	0	7,458	44,486	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	3,664	0	0	34,484	0	90.01
91.00	09100	EMERGENCY	42,330	0	0	338,780	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	8,557	0	0	135,898	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,560,564	77,171	56,638	22,415,508	552,769	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,585	0	0	15,718	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	978	2,268	3,555	35,855	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	73,254	149,086	13,620	891	3,520	192.00
193.00	19300	NONPAID WORKERS	7,228	0	0	2,925	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	2,100	0	0	914	0	194.00
194.01	07951	HOSPICE	314	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	202,681	56,870	18,311	71,368	0	194.03
194.04	07954	SJMH SHARED SERVICES	126,344	9,099	6,764	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	25,280	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	945	569	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	5,152	0	0	79,085	0	194.09
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)	33,471,288	1,433,736	1,978,752	22,382,770	559,508	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.624055	4.859084	20.010032	0.989413	1.005787	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING (PURCHASING)	ADMITTING (GROSS REVENUE)	Reconciliation	
	NEW MVBLE EQUIP-CANCER (DOLLAR VALUE)						
	2.02		4.00	5.02	5.03	5A.04	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 OTHER BUILDING-MOB							1.01
1.02 00102 OTHER BUILDING-CANCER CENTER							1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB							2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER	3,149,551						2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	287,448,432					4.00
5.02 00511 PURCHASING	0	0		151,866,692			5.02
5.03 00512 ADMITTING	0	3,900,507		185,063	2,757,347,840		5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	3,226	8,629,190		0	0	-185,116,500	5.04
6.00 00600 MAINTENANCE & REPAIRS	7,239	3,084,670		334,036	0	0	6.00
7.00 00700 OPERATION OF PLANT	0	1,471,324		48,876	0	0	7.00
7.01 00701 OTHER BUILDING-MOB	0	0		2,490	0	0	7.01
7.02 00702 OTHER BUILDING-CANCER CENTER	27,382	0		0	0	86,852	7.02
7.03 00703 HEART HOSPITAL	0	0		0	0	437,101	7.03
8.00 00800 LAUNDRY & LINEN SERVICE	0	670,629		866,917	0	0	8.00
9.00 00900 HOUSEKEEPING	2,760	5,805,859		1,125,150	0	0	9.00
9.01 00901 HOUSEKEEPING-MED CENTER	0	0		0	0	0	9.01
9.02 00902 HOUSEKEEPING-MOB	0	0		0	0	0	9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER	0	0		0	0	0	9.03
10.00 01000 DIETARY	724	6,203,324		5,552,690	1,111,561	0	10.00
11.00 01100 CAFETERIA	0	0		0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	0	7,457,099		185,466	102,192	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	3,010,154		496,080	0	0	14.00
15.00 01500 PHARMACY	31,576	9,960,239		38,342,029	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	642,501		3,567	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	583,016		37,426	0	0	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	4,835,380		6,825	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,770,559		52,213	9,555,731	0	22.00
23.00 02300 PARAMED ED PRGM	0	190,115		2,120	0	0	23.00
23.01 02301 RADIOLOGY SCHOOL	0	188,854		2,812	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	0	54,230,942		4,223,704	278,025,274	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	18,802,418		1,827,329	88,871,804	0	31.00
32.00 03200 CORONARY CARE UNIT	0	2,925,151		385,272	22,657,001	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	1,738,403		324,380	15,520,784	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0		0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	0	10,904,730		1,009,075	106,241,157	0	35.00
40.00 04000 SUBPROVIDER - I PF	0	5,449,415		101,216	16,023,706	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
42.01 04201 SUBPROVIDER II	0	0		0	0	0	42.01
43.00 04300 NURSERY	0	4,847,484		425,547	14,448,920	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	5,649,243		0	24,273,997	0	44.00
45.00 04500 NURSING FACILITY	0	0		0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	1,735,784		0	3,142,019	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	14,755,896		49,624,958	128,371,153	0	50.00
51.00 05100 RECOVERY ROOM	0	2,159,041		114,995	27,934,229	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	9,925,947		1,918,554	68,403,905	0	52.00
53.00 05300 ANESTHESIOLOGY	0	629,786		4,265,174	47,098,952	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,595	7,277,252		2,807,399	126,724,413	0	54.00
54.01 05401 ULTRASOUND	0	1,690,739		59,006	33,017,982	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	2,843,821	2,157,603		304,161	69,015,252	0	55.00
56.00 05600 RADIO SOTOPE	68,721	1,252,871		1,595,413	41,789,291	0	56.00
56.01 05601 ONCOLOGY	0	0		0	0	0	56.01
57.00 05700 CT SCAN	101,324	1,032,038		1,076,720	111,864,987	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	504,828		247,196	39,111,044	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	1,971,048		4,711,271	44,954,087	0	59.00
60.00 06000 LABORATORY	0	8,861,799		4,853,220	323,027,960	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0		0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,602,324		2,035,756	25,427,138	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	7,233,182		1,664,192	75,392,729	0	65.00
66.00 06600 PHYSICAL THERAPY	7,053	9,242,133		716,808	43,048,395	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	7,572,779		9,646,081	131,729,674	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	142,137,754	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0	96,577,385	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	256,738,749	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1

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Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING (PURCHASING G)	ADMITTING (GROSS REVENUE)	Reconciliation	
			NEW MVBLE EQUIP-CANCER (DOLLAR VALUE)					
			2.02	4.00	5.02	5.03	5A.04	
74.00	07400	RENAL DIALYSIS	0	522,132	223,341	5,417,093	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,497,981	1,238,510	29,256,371	0	75.00
76.00	03020	CARDIAC REHAB	0	863,773	20,975	1,809,305	0	76.00
76.01	03021	GI LAB	0	3,137,427	2,142,030	66,445,337	0	76.01
76.02	03022	ECT	0	153,197	30,644	3,389,982	0	76.02
76.03	03023	O/P PSYCH	0	622,865	33,196	3,765,275	0	76.03
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	50,053	3,984,194	3,280,694	20,326,805	0	90.00
90.01	09001	HYPERBARI C/OP WOUND	0	639,138	194,272	2,750,871	0	90.01
91.00	09100	EMERGENCY	0	18,051,507	2,007,761	168,578,898	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	964,638	206,986	24,964,437	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	220	6,003	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,146,474	276,993,108	150,559,816	2,739,049,602	-184,592,547	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	289,592	905,685	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	3,077	1,007,123	24,695	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,163,994	16,953	18,298,238	0	192.00
193.00	19300	NONPAID WORKERS	0	91,792	22,049	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	203,344	6,624	0	0	194.00
194.01	07951	HOSPICE	0	0	2,882	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	706	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	1,957,142	305,887	0	0	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	5,742,337	21,395	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,149,552	82,463,231	370,153	5,493,228		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.000000	0.286880	0.002437	0.001992		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		242,753	75,872	153,691		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000845	0.000500	0.000056		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

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To 06/30/2013

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CAN- CER CENTER (SQUARE FEET)	
		5.04	6.00	7.00	7.01	7.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00511	PURCHASING					5.02
5.03	00512	ADMINISTRATIVE					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	731,080,817				5.04
6.00	00600	MAINTENANCE & REPAIRS	18,236,514	1,705,517			6.00
7.00	00700	OPERATION OF PLANT	4,227,600	6,610	1,698,907		7.00
7.01	00701	OTHER BUILDING-MOB	2,253,368	0	0	264,206	7.01
7.02	00702	OTHER BUILDING-CANCER CENTER	0	0	0	0	83,564
7.03	00703	HEART HOSPITAL	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	3,437,636	9,258	9,258	0	0
9.00	00900	HOUSEKEEPING	7,920,861	15,321	15,321	2,138	737
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	0	0	0
9.02	00902	HOUSEKEEPING-MOB	0	0	0	0	0
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	0	0	0
10.00	01000	DIETARY	10,114,881	41,026	41,026	2,740	1,262
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	9,350,680	10,261	10,261	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,258,116	20,077	20,077	0	0
15.00	01500	PHARMACY	15,650,265	14,581	14,581	0	1,464
16.00	01600	MEDICAL RECORDS & LIBRARY	1,402,958	4,857	4,857	0	585
17.00	01700	SOCIAL SERVICE	2,322,786	5,836	5,836	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,363,130	1,205	1,205	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,786,280	4,255	4,255	10,650	0
23.00	02300	PARAMED ED PRGM	229,663	906	906	0	0
23.01	02301	RADIOLOGY SCHOOL	164,602	254	254	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	65,962,804	346,831	346,831	664	0
31.00	03100	INTENSIVE CARE UNIT	19,371,855	38,357	38,357	0	0
32.00	03200	CORONARY CARE UNIT	4,296,175	9,036	9,036	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	2,563,828	8,308	8,308	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	17,101,288	64,007	64,007	0	0
40.00	04000	SUBPROVIDER - I PF	7,816,215	29,113	29,113	0	727
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
42.01	04201	SUBPROVIDER II	0	0	0	0	0
43.00	04300	NURSERY	7,450,781	3,700	3,700	0	0
44.00	04400	SKILLED NURSING FACILITY	8,332,539	25,214	25,214	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	2,809,177	18,010	18,010	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	34,720,244	88,185	88,185	0	0
51.00	05100	RECOVERY ROOM	2,990,741	5,669	5,669	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,451,513	66,059	66,059	0	0
53.00	05300	ANESTHESIOLOGY	1,774,075	4,213	4,213	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,169,991	53,264	53,264	15,083	749
54.01	05401	ULTRASOUND	3,210,972	12,849	12,849	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	9,786,577	7,978	7,978	0	19,921
56.00	05600	RADIOISOTOPE	2,731,356	13,778	13,778	0	685
56.01	05601	ONCOLOGY	0	0	0	0	0
57.00	05700	CT SCAN	2,045,722	3,703	3,703	0	5,563
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,693,426	8,786	8,786	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,301,190	28,271	28,271	0	0
60.00	06000	LABORATORY	24,435,202	41,097	41,097	2,157	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,307,887	7,733	7,733	0	0
65.00	06500	RESPIRATORY THERAPY	11,006,590	12,957	12,957	3,249	0
66.00	06600	PHYSICAL THERAPY	14,701,686	29,656	29,656	8,531	2,163
69.00	06900	ELECTROCARDIOLOGY	8,582,783	32,179	32,179	1,102	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,038,094	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,600,382	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	46,544,470	0	0	0	0
74.00	07400	RENAL DIALYSIS	807,186	3,316	3,316	0	0
75.00	07500	ASC (NON-DISTINCT PART)	7,559,266	43,353	43,353	0	0



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

Period:  
From 07/01/2012  
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	OTHER BUILDING-MOB (SQUARE FEET)	OTHER BUILDING-CANCE R CENTER (SQUARE FEET)	
			5.04	6.00	7.00	7.01	7.02	
76.00	03020	CARDIAC REHAB	1,253,532	5,194	5,194	0	0	76.00
76.01	03021	GI LAB	6,063,823	15,103	15,103	0	0	76.01
76.02	03022	ECT	244,501	2,124	2,124	0	0	76.02
76.03	03023	O/P PSYCH	1,553,861	16,995	16,995	0	0	76.03
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	3,628,748	18,620	18,620	0	7,458	90.00
90.01	09001	HYPERBARIC/OP WOUND	850,865	3,664	3,664	0	0	90.01
91.00	09100	EMERGENCY	18,304,641	42,330	42,330	0	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	2,214,501	8,557	8,557	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,864	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	545,001,691	1,252,656	1,246,046	46,314	41,314	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,672,934	8,585	8,585	0	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,693,130	978	978	2,268	3,555	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,808,222	73,254	73,254	149,086	13,620	192.00
193.00	19300	NONPAID WORKERS	268,905	7,228	7,228	0	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	378,424	2,100	2,100	0	0	194.00
194.01	07951	HOSPICE	57,927	314	314	0	0	194.01
194.02	07952	SHARED SERVICES	2	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	8,497,808	202,681	202,681	56,870	18,311	194.03
194.04	07954	SJM SHARED SERVICES	135,179,994	126,344	126,344	9,099	6,764	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	420,256	25,280	25,280	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	18,475	945	945	569	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	23,298,155	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	9,784,894	5,152	5,152	0	0	194.09
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)	185,116,500	22,854,163	5,386,641	2,823,941	-86,852	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.253209	13.400138	3.170651	10.688406	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	19,015,132	4,806,692	642,773	73,758	27,382	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.026010	2.818320	0.378345	0.279169	0.327677	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet B-1 Date/Time Prepared: 11/25/2013 9:29 am				
Cost Center Description		HEART HOSPITAL	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-MED CENTER (SQUARE FEET)	HOUSEKEEPING-MOB (SQUARE FEET)		
		7.03	8.00	9.00	9.01	9.02		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OTHER BUILDING-MOB					1.01	
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01	
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.02	00511	PURCHASING					5.02	
5.03	00512	ADMINISTRATIVE					5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OTHER BUILDING-MOB					7.01	
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02	
7.03	00703	HEART HOSPITAL	0				7.03	
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,640,813			8.00	
9.00	00900	HOUSEKEEPING	0	185	379,526		9.00	
9.01	00901	HOUSEKEEPING-MED CENTER	0	0	315,006	1,674,328	9.01	
9.02	00902	HOUSEKEEPING-MOB	0	0	50,857	0	262,068	9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	0	0	13,663	0	0	9.03
10.00	01000	DIETARY	0	0	0	41,026	2,740	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	547	0	10,261	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,874	0	20,077	0	14.00
15.00	01500	PHARMACY	0	1,399	0	14,581	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,857	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	5,836	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,205	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	249	0	4,255	10,650	22.00
23.00	02300	PARAMED PRGM	0	0	0	906	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	254	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	749,808	0	346,831	664	30.00
31.00	03100	INTENSIVE CARE UNIT	0	74,215	0	38,357	0	31.00
32.00	03200	CORONARY CARE UNIT	0	33,137	0	9,036	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	47,587	0	8,308	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	42,521	0	64,007	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	26,866	0	29,113	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
42.01	04201	SUBPROVIDER II	0	0	0	0	0	42.01
43.00	04300	NURSERY	0	0	0	3,700	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	35,831	0	25,214	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	24,108	0	18,010	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	78,285	0	88,185	0	50.00
51.00	05100	RECOVERY ROOM	0	7,563	0	5,669	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	138,385	0	66,059	0	52.00
53.00	05300	ANESTHESIOLOGY	0	198	0	4,213	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	38,048	0	53,264	15,083	54.00
54.01	05401	ULTRASOUND	0	15,425	0	12,849	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,042	0	7,978	0	55.00
56.00	05600	RADIOISOTOPE	0	7,078	0	13,778	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	10,827	0	3,703	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,344	0	8,786	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	35,884	0	28,271	0	59.00
60.00	06000	LABORATORY	0	13,662	0	41,097	2,157	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,260	0	7,733	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	9,105	0	12,957	3,249	65.00
66.00	06600	PHYSICAL THERAPY	0	22,777	0	29,656	8,531	66.00
69.00	06900	ELECTROCARDIOLOGY	0	24,416	0	32,179	1,102	69.00
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	2,457	0	3,316	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	35,209	0	43,353	0	75.00
76.00	03020	CARDIAC REHAB	0	1,093	0	5,194	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1

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Cost Center Description			HEART HOSPITAL	LAUNDRY & LINEN SERVICE (POUNDS LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING-M ED CENTER (SQUARE FEET)	HOUSEKEEPING-M OB (SQUARE FEET)	
			7.03	8.00	9.00	9.01	9.02	
76.01	03021	GI LAB	0	21,087	0	15,103	0	76.01
76.02	03022	ECT	0	3,598	0	2,124	0	76.02
76.03	03023	O/P PSYCH	0	0	0	16,995	0	76.03
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	12,032	0	18,620	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	3,664	0	90.01
91.00	09100	EMERGENCY	0	78,637	0	42,330	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	15,243	0	8,557	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,638,982	379,526	1,221,467	44,176	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	8,585	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	978	2,268	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,819	0	73,254	149,086	192.00
193.00	19300	NONPAID WORKERS	0	0	0	7,228	0	193.00
193.01	19301	MEALS ON WHEELS	0	0	0	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	2,100	0	194.00
194.01	07951	HOSPICE	0	0	0	314	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	0	0	0	202,681	56,870	194.03
194.04	07954	SJMH SHARED SERVICES	0	0	0	126,344	9,099	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	25,280	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	945	569	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	12	0	5,152	0	194.09
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)	-437,101	4,461,488	10,203,731	8,469,081	1,367,314	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2.719072	26.885460	5.058197	5.217402	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	276,832	608,499	505,053	81,540	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.168716	1.603313	0.301645	0.311141	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

Period:  
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To 06/30/2013

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Cost Center Description		HOUSEKEEPING-C ANCER CENTER (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.03	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OTHER BUILDING-MOB					1.01
1.02	00102	OTHER BUILDING-CANCER CENTER					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB					2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER					2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00511	PURCHASING					5.02
5.03	00512	ADMINISTRATIVE					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OTHER BUILDING-MOB					7.01
7.02	00702	OTHER BUILDING-CANCER CENTER					7.02
7.03	00703	HEART HOSPITAL					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-MED CENTER					9.01
9.02	00902	HOUSEKEEPING-MOB					9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER	82,827				9.03
10.00	01000	DIETARY	1,262	2,378,087			10.00
11.00	01100	CAFETERIA	0	1,161,445	7,233,797		11.00
13.00	01300	NURSING ADMINISTRATION	0	0	169,301	3,734,917	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	189,085	0	14.00
15.00	01500	PHARMACY	1,464	0	252,684	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	585	0	28,632	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	21,185	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	196,460	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	66,457	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	5,134	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	4,416	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	443,969	1,671,140	1,450,294	0
31.00	03100	INTENSIVE CARE UNIT	0	342,021	435,042	341,855	0
32.00	03200	CORONARY CARE UNIT	0	25,845	96,047	86,730	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	14,453	59,738	59,738	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	329,837	329,504	0
40.00	04000	SUBPROVIDER - I PF	727	108,182	198,344	164,542	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
42.01	04201	SUBPROVIDER II	0	0	0	0	0
43.00	04300	NURSERY	0	0	146,944	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	151,811	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	36,278	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	480,068	342,175	0
51.00	05100	RECOVERY ROOM	0	0	66,942	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	325,030	325,030	0
53.00	05300	ANESTHESIOLOGY	0	0	38,005	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	749	0	192,591	0	0
54.01	05401	ULTRASOUND	0	0	37,181	43,874	0
55.00	05500	RADIOLOGY-THERAPEUTIC	19,921	0	58,616	0	0
56.00	05600	RADIOISOTOPE	685	0	25,509	0	0
56.01	05601	ONCOLOGY	0	0	0	0	0
57.00	05700	CT SCAN	5,563	0	34,508	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	17,697	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	55,452	21,915	0
60.00	06000	LABORATORY	0	0	379,893	0	0
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	87,387	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	255,995	0	0
66.00	06600	PHYSICAL THERAPY	2,163	0	176,613	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	127,181	79,384	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	36,165,938
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	39,328,749
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	13,473	13,473	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	83,764	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		HOUSEKEEPING-C ANCER CENTER (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.03	10.00	11.00	13.00	14.00	
76.00	03020	CARDIAC REHAB	0	0	26,639	0	76.00
76.01	03021	GI LAB	0	0	67,848	0	76.01
76.02	03022	ECT	0	0	5,936	0	76.02
76.03	03023	O/P PSYCH	0	0	22,580	0	76.03
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	7,458	0	129,033	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	330,340	258,539	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	29,775	29,775	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,577	2,095,915	6,938,502	3,734,917	75,494,687
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	271,508	20,540	0	190.00
190.01	19001	VENDING MACHINES	0	0	0	0	190.01
190.02	19002	VISITOR MEALS	0	0	0	0	190.02
191.00	19100	RESEARCH	3,555	0	34,898	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,620	0	28,519	0	192.00
193.00	19300	NONPAID WORKERS	0	0	3,819	0	193.00
193.01	19301	MEALS ON WHEELS	0	10,664	0	0	193.01
193.03	19303	CONVENT	0	0	0	0	193.03
193.06	19306	VACANT SPACE	0	0	0	0	193.06
193.07	19307	SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	193.07
194.00	07950	NEIGHBORHOOD MINISTRIES	0	0	0	0	194.00
194.01	07951	HOSPICE	0	0	0	0	194.01
194.02	07952	SHARED SERVICES	0	0	0	0	194.02
194.03	07953	ST. JOHN'S MERCY HEALTH CARE	18,311	0	87,288	0	194.03
194.04	07954	SJMH SHARED SERVICES	6,764	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.06
194.07	07957	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.07
194.08	07958	REHAB HOSPITAL	0	0	0	0	194.08
194.09	07960	MERCY SAFEWATCH	0	0	120,231	0	194.09
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)	367,336	13,612,590	6,648,315	12,097,376	7,205,359
203.00		Unit cost multiplier (Wkst. B, Part I)	4.434979	5.724177	0.919063	3.238995	0.095442
204.00		Cost to be allocated (per Wkst. B, Part II)	21,906	1,257,426	614,120	686,467	993,710
205.00		Unit cost multiplier (Wkst. B, Part II)	0.264479	0.528755	0.084896	0.183797	0.013163

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 OTHER BUILDING-MOB						1.01
1.02 00102 OTHER BUILDING-CANCER CENTER						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 NEW CAP REL COSTS-MVBLE EQUIP-MOB						2.01
2.02 00202 NEW CAP REL COSTS-MVBLE EQUIP-CANCER						2.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02 00511 PURCHASING						5.02
5.03 00512 ADMINITTING						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OTHER BUILDING-MOB						7.01
7.02 00702 OTHER BUILDING-CANCER CENTER						7.02
7.03 00703 HEART HOSPITAL						7.03
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-MED CENTER						9.01
9.02 00902 HOUSEKEEPING-MOB						9.02
9.03 00903 HOUSEKEEPING-CANCER CENTER						9.03
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	10,000					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	2,740,766,378				16.00
17.00 01700 SOCIAL SERVICE	0	0	116,313			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	209,789		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	9,555,731	0	0	209,789	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0		23.00
23.01 02301 RADIOLOGY SCHOOL	0	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	278,025,274	59,550	92,611	92,611	30.00
31.00 03100 INTENSIVE CARE UNIT	0	88,871,804	9,069	42,663	42,663	31.00
32.00 03200 CORONARY CARE UNIT	0	22,657,001	4,555	12,145	12,145	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	15,520,784	2,101	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	0	106,241,157	7,072	0	0	35.00
40.00 04000 SUBPROVIDER - I PF	0	16,023,706	17,805	2,762	2,762	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
42.01 04201 SUBPROVIDER II	0	0	0	0	0	42.01
43.00 04300 NURSERY	0	14,448,920	2,600	1,046	1,046	43.00
44.00 04400 SKILLED NURSING FACILITY	0	27,416,016	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	3,142,019	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	128,371,153	0	30,495	30,495	50.00
51.00 05100 RECOVERY ROOM	0	27,744,452	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	68,403,905	1,997	12,889	12,889	52.00
53.00 05300 ANESTHESIOLOGY	0	47,098,952	0	517	517	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	126,724,413	0	341	341	54.00
54.01 05401 ULTRASOUND	0	33,017,982	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	69,015,252	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	41,789,291	0	0	0	56.00
56.01 05601 ONCOLOGY	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	111,864,987	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	39,111,044	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	44,954,087	1,040	0	0	59.00
60.00 06000 LABORATORY	0	323,027,960	0	0	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,427,138	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	75,392,729	0	1,404	1,404	65.00
66.00 06600 PHYSICAL THERAPY	0	43,026,682	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	131,729,674	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	142,137,754	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	96,577,385	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	10,000	256,738,749	0	0	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
74.00 07400 RENAL DIALYSIS	0	5,417,093	2,080	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	29,256,371	2,766	0	0	75.00
76.00 03020 CARDIAC REHAB	0	1,809,305	0	0	0	76.00
76.01 03021 GI LAB	0	66,445,337	0	1,040	1,040	76.01
76.02 03022 ECT	0	3,389,982	686	0	0	76.02
76.03 03023 O/P PSYCH	0	3,765,275	832	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	20,326,805	0	3,876	3,876	90.00
90.01 09001 HYPERBARIC/OP WOUND	0	2,750,871	0	0	0	90.01
91.00 09100 EMERGENCY	0	168,578,898	4,160	6,090	6,090	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 AMBULATORY CARE UNIT	0	24,964,437	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	6,003	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,000	2,740,766,378	116,313	207,879	207,879	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 VENDI NG MACHINES	0	0	0	0	0	190.01
190.02 19002 VISI TOR MEALS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	1,910	1,910	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 MEALS ON WHEELS	0	0	0	0	0	193.01
193.03 19303 CONVENT	0	0	0	0	0	193.03
193.06 19306 VACANT SPACE	0	0	0	0	0	193.06
193.07 19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	0	0	0	193.07
194.00 07950 NEIGHBORHOOD MINISTRIES	0	0	0	0	0	194.00
194.01 07951 HOSPI CE	0	0	0	0	0	194.01
194.02 07952 SHARED SERVICES	0	0	0	0	0	194.02
194.03 07953 ST. JOHN'S MERCY HEALTH CARE	0	0	0	0	0	194.03
194.04 07954 SJMH SHARED SERVICES	0	0	0	0	0	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07 07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.07
194.08 07958 REHAB HOSPI TAL	0	0	0	0	0	194.08
194.09 07960 MERCY SAFEWATCH	0	0	0	0	0	194.09
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)	20,170,955	1,892,161	3,056,633	9,434,163	6,327,986	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2,017.095500	0.000690	26.279375	44.969770	30.163574	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,122,969	149,063	189,304	237,147	319,416	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	112.296900	0.000054	1.627539	1.130407	1.522558	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1  
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Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	OTHER BUILDING-MOB		1.01
1.02	00102	OTHER BUILDING-CANCER CENTER		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
2.01	00201	NEW CAP REL COSTS-MVBLE EQUIP-MOB		2.01
2.02	00202	NEW CAP REL COSTS-MVBLE EQUIP-CANCER		2.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00511	PURCHASING		5.02
5.03	00512	ADMITTING		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL		5.04
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OTHER BUILDING-MOB		7.01
7.02	00702	OTHER BUILDING-CANCER CENTER		7.02
7.03	00703	HEART HOSPITAL		7.03
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING-MED CENTER		9.01
9.02	00902	HOUSEKEEPING-MOB		9.02
9.03	00903	HOUSEKEEPING-CANCER CENTER		9.03
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED PRGM	100	23.00
23.01	02301	RADIOLOGY SCHOOL	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	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
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	35.00
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
42.01	04201	SUBPROVIDER II	0	42.01
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	ULTRASOUND	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05601	ONCOLOGY	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	100	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	CARDIAC REHAB	0	76.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet B-1

Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		23.00	23.01	
76.01	03021 GI LAB	0	0	76.01
76.02	03022 ECT	0	0	76.02
76.03	03023 O/P PSYCH	0	0	76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 VENDING MACHINES	0	0	190.01
190.02	19002 VISITOR MEALS	0	0	190.02
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 MEALS ON WHEELS	0	0	193.01
193.03	19303 CONVENT	0	0	193.03
193.06	19306 VACANT SPACE	0	0	193.06
193.07	19307 SALES & SERVICE-PHYSICIAN PRACTICE	0	0	193.07
194.00	07950 NEIGHBORHOOD MINISTRIES	0	0	194.00
194.01	07951 HOSPICE	0	0	194.01
194.02	07952 SHARED SERVICES	0	0	194.02
194.03	07953 ST. JOHN'S MERCY HEALTH CARE	0	0	194.03
194.04	07954 SJMH SHARED SERVICES	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.06
194.07	07957 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.07
194.08	07958 REHAB HOSPITAL	0	0	194.08
194.09	07960 MERCY SAFEWATCH	0	0	194.09
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)	312,131	215,834	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,121.310000	2,158.340000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	26,665	10,188	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	266.650000	101.880000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/25/2013 9:29 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		102,747,632	964,334	103,711,966	30.00
31.00	03100 INTENSIVE CARE UNIT		29,072,939	0	29,072,939	31.00
32.00	03200 CORONARY CARE UNIT		6,322,015	0	6,322,015	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		3,919,146	0	3,919,146	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		24,561,070	11,646	24,572,716	35.00
40.00	04000 SUBPROVIDER - IPF		12,314,765	47,801	12,362,566	40.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
42.01	04201 SUBPROVIDER II		0	0	0	42.01
43.00	04300 NURSERY		9,630,760	0	9,630,760	43.00
44.00	04400 SKILLED NURSING FACILITY		11,595,825	0	11,595,825	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE		4,095,246	0	4,095,246	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		47,270,029	97,146	47,367,175	50.00
51.00	05100 RECOVERY ROOM		3,971,870	0	3,971,870	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		22,620,216	0	22,620,216	52.00
53.00	05300 ANESTHESIOLOGY		2,382,375	0	2,382,375	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		20,990,177	0	20,990,177	54.00
54.01	05401 ULTRASOUND		4,542,934	279,807	4,822,741	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		12,673,362	0	12,673,362	55.00
56.00	05600 RADIOISOTOPE		3,795,527	0	3,795,527	56.00
56.01	05601 ONCOLOGY		0	0	0	56.01
57.00	05700 CT SCAN		2,806,823	0	2,806,823	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,383,627	0	2,383,627	58.00
59.00	05900 CARDIAC CATHETERIZATION		6,279,629	0	6,279,629	59.00
60.00	06000 LABORATORY		32,467,960	1,160	32,469,120	60.00
60.01	06001 LABORATORY-PATHOLOGICAL		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		8,173,643	0	8,173,643	62.00
65.00	06500 RESPIRATORY THERAPY	0	14,437,537	80,735	14,518,272	65.00
66.00	06600 PHYSICAL THERAPY	0	19,464,938	0	19,464,938	66.00
69.00	06900 ELECTROCARDIOLOGY		12,000,842	184,835	12,185,677	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		48,713,088	0	48,713,088	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		44,675,340	0	44,675,340	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		78,678,054	0	78,678,054	73.00
74.00	07400 RENAL DIALYSIS		1,204,397	0	1,204,397	74.00
75.00	07500 ASC (NON-DISTINCT PART)		10,676,617	0	10,676,617	75.00
76.00	03020 CARDIAC REHAB		1,711,981	0	1,711,981	76.00
76.01	03021 GI LAB		8,091,441	15,935	8,107,376	76.01
76.02	03022 ECT		387,957	0	387,957	76.02
76.03	03023 O/P PSYCH		2,360,111	0	2,360,111	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		5,148,719	0	5,148,719	90.00
90.01	09001 HYPERBARIC/OP WOUND		1,147,458	6,065	1,153,523	90.01
91.00	09100 EMERGENCY		25,435,567	61,227	25,496,794	91.00
91.02	09101 NATURAL FAMILY PLANNING		0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER		0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,931,870	0	6,931,870	92.00
92.01	09201 AMBULATORY CARE UNIT		3,142,790	0	3,142,790	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		4,846	0	4,846	95.00
99.10	09910 CORF		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTestinal ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)		658,831,123	1,750,691	660,581,814	200.00
201.00	Less Observation Beds		6,931,870	0	6,931,870	201.00
202.00	Total (see instructions)		651,899,253	1,750,691	653,649,944	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet C Part I Date/Time Prepared: 11/25/2013 9:29 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	246,763,393		246,763,393			30.00
31.00	03100	INTENSIVE CARE UNIT	88,594,331		88,594,331			31.00
32.00	03200	CORONARY CARE UNIT	22,594,872		22,594,872			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	15,476,285		15,476,285			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	106,232,391		106,232,391			35.00
40.00	04000	SUBPROVIDER - I/PF	16,020,938		16,020,938			40.00
41.00	04100	SUBPROVIDER - I/RP	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
42.01	04201	SUBPROVIDER II	0		0			42.01
43.00	04300	NURSERY	13,683,760		13,683,760			43.00
44.00	04400	SKILLED NURSING FACILITY	24,178,086		24,178,086			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	3,069,231		3,069,231			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	62,045,427	66,325,726	128,371,153	0.368229	0.000000	50.00
51.00	05100	RECOVERY ROOM	12,106,360	15,827,870	27,934,230	0.142186	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,693,410	7,710,495	68,403,905	0.330686	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	20,097,701	27,001,251	47,098,952	0.050582	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,503,643	103,220,770	126,724,413	0.165636	0.000000	54.00
54.01	05401	ULTRASOUND	4,585,463	28,537,772	33,123,235	0.137152	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,589,978	65,425,274	69,015,252	0.183631	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,102,078	36,687,213	41,789,291	0.090825	0.000000	56.00
56.01	05601	ONCOLOGY	0	0	0	0.000000	0.000000	56.01
57.00	05700	CT SCAN	44,208,346	67,645,870	111,854,216	0.025094	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,614,737	28,496,306	39,111,043	0.060945	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,276,145	27,677,943	44,954,088	0.139690	0.000000	59.00
60.00	06000	LABORATORY	121,612,500	201,415,459	323,027,959	0.100511	0.000000	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,437,746	7,989,392	25,427,138	0.321454	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	62,553,061	12,839,668	75,392,729	0.191498	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,259,062	24,823,598	40,082,660	0.485620	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	38,242,508	89,633,022	127,875,530	0.093848	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	75,346,568	66,791,161	142,137,729	0.342718	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	64,913,467	31,663,918	96,577,385	0.462586	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	149,902,162	106,836,587	256,738,749	0.306452	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,957,350	459,743	5,417,093	0.222333	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,302,610	26,953,761	29,256,371	0.364933	0.000000	75.00
76.00	03020	CARDIAC REHAB	683,638	1,125,667	1,809,305	0.946209	0.000000	76.00
76.01	03021	GI LAB	5,505,397	60,939,940	66,445,337	0.121776	0.000000	76.01
76.02	03022	ECT	947,225	2,442,729	3,389,954	0.114443	0.000000	76.02
76.03	03023	O/P PSYCH	4,286	3,760,989	3,765,275	0.626810	0.000000	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	82,988	16,118,103	16,201,091	0.317801	0.000000	90.00
90.01	09001	HYPERBARIC/OP WOUND	14,338	2,247,506	2,261,844	0.507311	0.000000	90.01
91.00	09100	EMERGENCY	38,235,718	74,005,201	112,240,919	0.226616	0.000000	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0.000000	0.000000	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0.000000	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,110,000	30,547,540	31,657,540	0.218964	0.000000	92.00
92.01	09201	AMBULATORY CARE UNIT	1,502,391	23,462,046	24,964,437	0.125891	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	4,773	1,230	6,003	0.807263	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	1,401,054,363	1,258,613,750	2,659,668,113			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,401,054,363	1,258,613,750	2,659,668,113			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/25/2013 9:29 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
35.00	02040 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
42.01	04201 SUBPROVIDER II			42.01
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
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.368986		50.00
51.00	05100 RECOVERY ROOM	0.142186		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.330686		52.00
53.00	05300 ANESTHESIOLOGY	0.050582		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165636		54.00
54.01	05401 ULTRASOUND	0.145600		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.183631		55.00
56.00	05600 RADIOISOTOPE	0.090825		56.00
56.01	05601 ONCOLOGY	0.000000		56.01
57.00	05700 CT SCAN	0.025094		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.060945		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139690		59.00
60.00	06000 LABORATORY	0.100515		60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321454		62.00
65.00	06500 RESPIRATORY THERAPY	0.192569		65.00
66.00	06600 PHYSICAL THERAPY	0.485620		66.00
69.00	06900 ELECTROCARDIOLOGY	0.095293		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.342718		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.462586		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.306452		73.00
74.00	07400 RENAL DIALYSIS	0.222333		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.364933		75.00
76.00	03020 CARDIAC REHAB	0.946209		76.00
76.01	03021 GI LAB	0.122016		76.01
76.02	03022 ECT	0.114443		76.02
76.03	03023 O/P PSYCH	0.626810		76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.317801		90.00
90.01	09001 HYPERBARIC/OP WOUND	0.509992		90.01
91.00	09100 EMERGENCY	0.227161		91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000		91.02
91.03	09102 PAIN THERAPY CENTER	0.000000		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.218964		92.00
92.01	09201 AMBULATORY CARE UNIT	0.125891		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.807263		95.00
99.10	09910 CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESITNAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/25/2013 9:29 am	
		Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		102,747,632	0	0
31.00	03100 INTENSIVE CARE UNIT		29,072,939	0	0
32.00	03200 CORONARY CARE UNIT		6,322,015	0	0
33.00	03300 BURN INTENSIVE CARE UNIT		3,919,146	0	0
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0
35.00	02040 NEONATAL INTENSIVE CARE UNIT		24,561,070	0	0
40.00	04000 SUBPROVIDER - I PF		12,314,765	0	0
41.00	04100 SUBPROVIDER - I RF		0	0	0
42.00	04200 SUBPROVIDER		0	0	0
42.01	04201 SUBPROVIDER II		0	0	0
43.00	04300 NURSERY		9,630,760	0	0
44.00	04400 SKILLED NURSING FACILITY		11,595,825	0	0
45.00	04500 NURSING FACILITY		0	0	0
46.00	04600 OTHER LONG TERM CARE		4,095,246	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		47,270,029	0	0
51.00	05100 RECOVERY ROOM		3,971,870	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM		22,620,216	0	0
53.00	05300 ANESTHESIOLOGY		2,382,375	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC		20,990,177	0	0
54.01	05401 ULTRASOUND		4,542,934	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC		12,673,362	0	0
56.00	05600 RADIOISOTOPE		3,795,527	0	0
56.01	05601 ONCOLOGY		0	0	0
57.00	05700 CT SCAN		2,806,823	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,383,627	0	0
59.00	05900 CARDIAC CATHETERIZATION		6,279,629	0	0
60.00	06000 LABORATORY		32,467,960	0	0
60.01	06001 LABORATORY-PATHOLOGICAL		0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		8,173,643	0	0
65.00	06500 RESPIRATORY THERAPY	0	14,437,537	0	0
66.00	06600 PHYSICAL THERAPY	0	19,464,938	0	0
69.00	06900 ELECTROCARDIOLOGY		12,000,842	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		48,713,088	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		44,675,340	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS		78,678,054	0	0
74.00	07400 RENAL DIALYSIS		1,204,397	0	0
75.00	07500 ASC (NON-DISTINCT PART)		10,676,617	0	0
76.00	03020 CARDIAC REHAB		1,711,981	0	0
76.01	03021 GI LAB		8,091,441	0	0
76.02	03022 ECT		387,957	0	0
76.03	03023 O/P PSYCH		2,360,111	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	09000 CLINIC		5,148,719	0	0
90.01	09001 HYPERBARIC/OP WOUND		1,147,458	0	0
91.00	09100 EMERGENCY		25,435,567	0	0
91.02	09101 NATURAL FAMILY PLANNING		0	0	0
91.03	09102 PAIN THERAPY CENTER		0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,931,870	0	0
92.01	09201 AMBULATORY CARE UNIT		3,142,790	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES		4,846	0	0
99.10	09910 CORF		0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900 PANCREAS ACQUISITION		0	0	0
110.00	11000 INTESTINAL ACQUISITION		0	0	0
111.00	11100 ISLET ACQUISITION		0	0	0
200.00	Subtotal (see instructions)		658,831,123	0	0
201.00	Less Observation Beds		6,931,870	0	0
202.00	Total (see instructions)		651,899,253	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet C Part I Date/Time Prepared: 11/25/2013 9:29 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	246,763,393		246,763,393			30.00
31.00	03100	INTENSIVE CARE UNIT	88,594,331		88,594,331			31.00
32.00	03200	CORONARY CARE UNIT	22,594,872		22,594,872			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	15,476,285		15,476,285			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	106,232,391		106,232,391			35.00
40.00	04000	SUBPROVIDER - I/PF	16,020,938		16,020,938			40.00
41.00	04100	SUBPROVIDER - I/RP	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
42.01	04201	SUBPROVIDER II	0		0			42.01
43.00	04300	NURSERY	13,683,760		13,683,760			43.00
44.00	04400	SKILLED NURSING FACILITY	24,178,086		24,178,086			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	3,069,231		3,069,231			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	62,045,427	66,325,726	128,371,153	0.368229	0.000000	50.00
51.00	05100	RECOVERY ROOM	12,106,360	15,827,870	27,934,230	0.142186	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,693,410	7,710,495	68,403,905	0.330686	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	20,097,701	27,001,251	47,098,952	0.050582	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,503,643	103,220,770	126,724,413	0.165636	0.000000	54.00
54.01	05401	ULTRASOUND	4,585,463	28,537,772	33,123,235	0.137152	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,589,978	65,425,274	69,015,252	0.183631	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,102,078	36,687,213	41,789,291	0.090825	0.000000	56.00
56.01	05601	ONCOLOGY	0	0	0	0.000000	0.000000	56.01
57.00	05700	CT SCAN	44,208,346	67,645,870	111,854,216	0.025094	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,614,737	28,496,306	39,111,043	0.060945	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,276,145	27,677,943	44,954,088	0.139690	0.000000	59.00
60.00	06000	LABORATORY	121,612,500	201,415,459	323,027,959	0.100511	0.000000	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,437,746	7,989,392	25,427,138	0.321454	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	62,553,061	12,839,668	75,392,729	0.191498	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,259,062	24,823,598	40,082,660	0.485620	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	38,242,508	89,633,022	127,875,530	0.093848	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	75,346,568	66,791,161	142,137,729	0.342718	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	64,913,467	31,663,918	96,577,385	0.462586	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	149,902,162	106,836,587	256,738,749	0.306452	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,957,350	459,743	5,417,093	0.222333	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,302,610	26,953,761	29,256,371	0.364933	0.000000	75.00
76.00	03020	CARDIAC REHAB	683,638	1,125,667	1,809,305	0.946209	0.000000	76.00
76.01	03021	GI LAB	5,505,397	60,939,940	66,445,337	0.121776	0.000000	76.01
76.02	03022	ECT	947,225	2,442,729	3,389,954	0.114443	0.000000	76.02
76.03	03023	O/P PSYCH	4,286	3,760,989	3,765,275	0.626810	0.000000	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	82,988	16,118,103	16,201,091	0.317801	0.000000	90.00
90.01	09001	HYPERBARIC/OP WOUND	14,338	2,247,506	2,261,844	0.507311	0.000000	90.01
91.00	09100	EMERGENCY	38,235,718	74,005,201	112,240,919	0.226616	0.000000	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0.000000	0.000000	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0.000000	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,110,000	30,547,540	31,657,540	0.218964	0.000000	92.00
92.01	09201	AMBULATORY CARE UNIT	1,502,391	23,462,046	24,964,437	0.125891	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	4,773	1,230	6,003	0.807263	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	1,401,054,363	1,258,613,750	2,659,668,113			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,401,054,363	1,258,613,750	2,659,668,113			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/25/2013 9:29 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
42.01	04201 SUBPROVIDER II			42.01
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
54.01	05401 ULTRASOUND	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ONCOLOGY	0.000000		56.01
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 LABORATORY-PATHOLOGICAL	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 CARDIAC REHAB	0.000000		76.00
76.01	03021 GI LAB	0.000000		76.01
76.02	03022 ECT	0.000000		76.02
76.03	03023 O/P PSYCH	0.000000		76.03
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 HYPERBARIC/OP WOUND	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000		91.02
91.03	09102 PAIN THERAPY CENTER	0.000000		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 AMBULATORY CARE UNIT	0.000000		92.01
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESITINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part I Date/Time Prepared: 11/25/2013 9:29 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,647,376	0	11,647,376	134,953	86.31	30.00
31.00	INTENSIVE CARE UNIT	2,236,611		2,236,611	11,091	201.66	31.00
32.00	CORONARY CARE UNIT	584,878		584,878	4,613	126.79	32.00
33.00	BURN INTENSIVE CARE UNIT	330,175		330,175	2,944	112.15	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	2,839,003		2,839,003	23,850	119.04	35.00
40.00	SUBPROVIDER - IPF	972,044	0	972,044	15,651	62.11	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
42.01	SUBPROVIDER II	0	0	0	0	0.00	42.01
43.00	NURSERY	296,871		296,871	18,377	16.15	43.00
44.00	SKILLED NURSING FACILITY	913,116		913,116	19,718	46.31	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	19,820,074		19,820,074	231,197		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	33,868	2,923,147	30.00
31.00	INTENSIVE CARE UNIT	3,984	803,413	31.00
32.00	CORONARY CARE UNIT	1,816	230,251	32.00
33.00	BURN INTENSIVE CARE UNIT	540	60,561	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
40.00	SUBPROVIDER - IPF	6,976	433,279	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
42.01	SUBPROVIDER II	0	0	42.01
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	10,910	505,242	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	58,094	4,955,893	200.00



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/25/2013 9:29 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	6,000,321	128,371,153	0.046742	19,156,142	895,396	50.00
51.00	05100 RECOVERY ROOM	237,173	27,934,230	0.008490	3,569,576	30,306	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,631,861	68,403,905	0.038475	130,175	5,008	52.00
53.00	05300 ANESTHESIOLOGY	765,807	47,098,952	0.016260	5,176,161	84,164	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,183,267	126,724,413	0.033011	7,129,753	235,360	54.00
54.01	05401 ULTRASOUND	803,173	33,123,235	0.024248	722,513	17,519	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	4,142,417	69,015,252	0.060022	1,384,708	83,113	55.00
56.00	05600 RADIOISOTOPE	873,834	41,789,291	0.020910	2,423,592	50,677	56.00
56.01	05601 ONCOLOGY	0	0	0.000000	0	0	56.01
57.00	05700 CT SCAN	427,037	111,854,216	0.003818	13,779,411	52,610	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	979,367	39,111,043	0.025041	3,146,658	78,795	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,367,894	44,954,088	0.030429	6,334,702	192,759	59.00
60.00	06000 LABORATORY	2,002,104	323,027,959	0.006198	37,557,440	232,781	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	349,275	25,427,138	0.013736	7,209,527	99,030	62.00
65.00	06500 RESPIRATORY THERAPY	1,122,372	75,392,729	0.014887	11,121,367	165,564	65.00
66.00	06600 PHYSICAL THERAPY	1,241,973	40,082,660	0.030985	5,647,742	174,995	66.00
69.00	06900 ELECTROCARDIOLOGY	1,983,640	127,875,530	0.015512	16,174,805	250,904	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,429,038	142,137,729	0.010054	52,602,490	528,865	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,376,217	96,577,385	0.014250	21,252,066	302,842	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,361,832	256,738,749	0.009199	40,314,170	370,850	73.00
74.00	07400 RENAL DIALYSIS	128,839	5,417,093	0.023784	3,107,260	73,903	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,694,767	29,256,371	0.057928	649,479	37,623	75.00
76.00	03020 CARDIAC REHAB	159,059	1,809,305	0.087912	609,407	53,574	76.00
76.01	03021 GI LAB	1,375,456	66,445,337	0.020701	2,201,430	45,572	76.01
76.02	03022 ECT	51,843	3,389,954	0.015293	9,853	151	76.02
76.03	03023 O/P PSYCH	392,954	3,765,275	0.104363	331	35	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	734,565	16,201,091	0.045340	59,744	2,709	90.00
90.01	09001 HYPERBARIC/OP WOUND	130,918	2,261,844	0.057881	3,672	213	90.01
91.00	09100 EMERGENCY	1,793,479	112,240,919	0.015979	9,483,871	151,543	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0.000000	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	778,484	31,657,540	0.024591	1,105,287	27,180	92.00
92.01	09201 AMBULATORY CARE UNIT	378,481	24,964,437	0.015161	1,270,865	19,268	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	41,897,447	2,123,048,823		273,334,197	4,263,309	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part III Date/Time Prepared: 11/25/2013 9:29 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	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0		31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	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	
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0		35.00	
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	0		42.00
42.01	04201	SUBPROVIDER II	0	0	0	0	0	0		42.01
43.00	04300	NURSERY	0	0	0	0	0		43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0		44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0		45.00	
200.00		Total (lines 30-199)	0	0	0	0	0		200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
			6.00	7.00	8.00	9.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	134,953	0.00	33,868	0	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	11,091	0.00	3,984	0	0		31.00	
32.00	03200	CORONARY CARE UNIT	4,613	0.00	1,816	0	0		32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	2,944	0.00	540	0	0		33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0		34.00	
35.00	02040	NEONATAL INTENSIVE CARE UNIT	23,850	0.00	0	0	0		35.00	
40.00	04000	SUBPROVIDER - I PF	15,651	0.00	6,976	0	0		40.00	
41.00	04100	SUBPROVIDER - I RF	0	0.00	0	0	0		41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0	0		42.00	
42.01	04201	SUBPROVIDER II	0	0.00	0	0	0		42.01	
43.00	04300	NURSERY	18,377	0.00	0	0	0		43.00	
44.00	04400	SKILLED NURSING FACILITY	19,718	0.00	10,910	0	0		44.00	
45.00	04500	NURSING FACILITY	0	0.00	0	0	0		45.00	
200.00		Total (lines 30-199)	231,197		58,094	0	0		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/25/2013 9:29 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	215,834	0	215,834
54.01	05401	ULTRASOUND	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ONCOLOGY	0	0	0	0	56.01
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	312,131	0	312,131
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO 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	03020	CARDIAC REHAB	0	0	0	0	76.00
76.01	03021	GI LAB	0	0	0	0	76.01
76.02	03022	ECT	0	0	0	0	76.02
76.03	03023	O/P PSYCH	0	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	527,965	0	527,965

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/25/2013 9:29 am
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Cost Center Description		Title XVIII				Hospital		
		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	PPS	
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	128,371,153	0.000000	0.000000	19,156,142	50.00
51.00	05100	RECOVERY ROOM	0	27,934,230	0.000000	0.000000	3,569,576	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	68,403,905	0.000000	0.000000	130,175	52.00
53.00	05300	ANESTHESIOLOGY	0	47,098,952	0.000000	0.000000	5,176,161	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	215,834	126,724,413	0.001703	0.001703	7,129,753	54.00
54.01	05401	ULTRASOUND	0	33,123,235	0.000000	0.000000	722,513	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	69,015,252	0.000000	0.000000	1,384,708	55.00
56.00	05600	RADIOISOTOPE	0	41,789,291	0.000000	0.000000	2,423,592	56.00
56.01	05601	ONCOLOGY	0	0	0.000000	0.000000	0	56.01
57.00	05700	CT SCAN	0	111,854,216	0.000000	0.000000	13,779,411	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	39,111,043	0.000000	0.000000	3,146,658	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	44,954,088	0.000000	0.000000	6,334,702	59.00
60.00	06000	LABORATORY	312,131	323,027,959	0.000966	0.000966	37,557,440	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,427,138	0.000000	0.000000	7,209,527	62.00
65.00	06500	RESPIRATORY THERAPY	0	75,392,729	0.000000	0.000000	11,121,367	65.00
66.00	06600	PHYSICAL THERAPY	0	40,082,660	0.000000	0.000000	5,647,742	66.00
69.00	06900	ELECTROCARDIOLOGY	0	127,875,530	0.000000	0.000000	16,174,805	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	142,137,729	0.000000	0.000000	52,602,490	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	96,577,385	0.000000	0.000000	21,252,066	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	256,738,749	0.000000	0.000000	40,314,170	73.00
74.00	07400	RENAL DIALYSIS	0	5,417,093	0.000000	0.000000	3,107,260	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	29,256,371	0.000000	0.000000	649,479	75.00
76.00	03020	CARDIAC REHAB	0	1,809,305	0.000000	0.000000	609,407	76.00
76.01	03021	GI LAB	0	66,445,337	0.000000	0.000000	2,201,430	76.01
76.02	03022	ECT	0	3,389,954	0.000000	0.000000	9,853	76.02
76.03	03023	O/P PSYCH	0	3,765,275	0.000000	0.000000	331	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	16,201,091	0.000000	0.000000	59,744	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	2,261,844	0.000000	0.000000	3,672	90.01
91.00	09100	EMERGENCY	0	112,240,919	0.000000	0.000000	9,483,871	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0.000000	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0.000000	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	31,657,540	0.000000	0.000000	1,105,287	92.00
92.01	09201	AMBULATORY CARE UNIT	0	24,964,437	0.000000	0.000000	1,270,865	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	527,965	2,123,048,823			273,334,197	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/25/2013 9:29 am
		Title XVII	Hospital
			PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	9,513,619	0	50.00
51.00	05100 RECOVERY ROOM	0	3,034,421	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	35,702	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,706,616	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,142	16,699,402	28,439	54.00
54.01	05401 ULTRASOUND	0	878,826	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	18,460,527	0	55.00
56.00	05600 RADIOISOTOPE	0	12,757,274	0	56.00
56.01	05601 ONCOLOGY	0	0	0	56.01
57.00	05700 CT SCAN	0	13,379,444	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,032,590	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	9,390,801	0	59.00
60.00	06000 LABORATORY	36,280	4,216,506	4,073	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	963,786	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	2,077,871	0	65.00
66.00	06600 PHYSICAL THERAPY	0	296,431	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	22,672,015	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,736,814	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	10,191,118	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	30,209,380	0	73.00
74.00	07400 RENAL DIALYSIS	0	108,851	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	3,595,313	0	75.00
76.00	03020 CARDIAC REHAB	0	368,925	0	76.00
76.01	03021 GI LAB	0	11,969,077	0	76.01
76.02	03022 ECT	0	719,740	0	76.02
76.03	03023 O/P PSYCH	0	522,721	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	3,171,738	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	581,957	0	90.01
91.00	09100 EMERGENCY	0	6,531,896	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,799,451	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	3,796,531	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	48,422	211,419,343	32,512	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/25/2013 9:29 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.368229	9,513,619	193	0	3,503,190	50.00
51.00 05100 RECOVERY ROOM	0.142186	3,034,421	0	0	431,452	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.330686	35,702	0	0	11,806	52.00
53.00 05300 ANESTHESIOLOGY	0.050582	3,706,616	0	0	187,488	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.165636	16,699,402	0	0	2,766,022	54.00
54.01 05401 ULTRASOUND	0.137152	878,826	0	0	120,533	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.183631	18,460,527	365	0	3,389,925	55.00
56.00 05600 RADIO SOTOPE	0.090825	12,757,274	0	0	1,158,679	56.00
56.01 05601 ONCOLOGY	0.000000	0	0	0	0	56.01
57.00 05700 CT SCAN	0.025094	13,379,444	0	0	335,744	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.060945	5,032,590	0	0	306,711	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.139690	9,390,801	0	0	1,311,801	59.00
60.00 06000 LABORATORY	0.100511	4,216,506	48,765	0	423,805	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321454	963,786	0	0	309,813	62.00
65.00 06500 RESPIRATORY THERAPY	0.191498	2,077,871	239	0	397,908	65.00
66.00 06600 PHYSICAL THERAPY	0.485620	296,431	1	0	143,953	66.00
69.00 06900 ELECTROCARDIOLOGY	0.093848	22,672,015	0	0	2,127,723	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.342718	13,736,814	56	0	4,707,853	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.462586	10,191,118	6,300	0	4,714,269	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.306452	30,209,380	1	74,611	9,257,725	73.00
74.00 07400 RENAL DIALYSIS	0.222333	108,851	0	0	24,201	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.364933	3,595,313	0	0	1,312,048	75.00
76.00 03020 CARDIAC REHAB	0.946209	368,925	11	0	349,080	76.00
76.01 03021 GI LAB	0.121776	11,969,077	0	0	1,457,546	76.01
76.02 03022 ECT	0.114443	719,740	0	0	82,369	76.02
76.03 03023 O/P PSYCH	0.626810	522,721	0	0	327,647	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.317801	3,171,738	131	0	1,007,982	90.00
90.01 09001 HYPERBARIC/OP WOUND	0.507311	581,957	0	0	295,233	90.01
91.00 09100 EMERGENCY	0.226616	6,531,896	1,677	0	1,480,232	91.00
91.02 09101 NATURAL FAMILY PLANNING	0.000000	0	0	0	0	91.02
91.03 09102 PAIN THERAPY CENTER	0.000000	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.218964	2,799,451	0	0	612,979	92.00
92.01 09201 AMBULATORY CARE UNIT	0.125891	3,796,531	0	0	477,949	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0.807263	0	0	0	0	95.00
200.00 Subtotal (see instructions)		211,419,343	57,739	74,611	43,033,666	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		211,419,343	57,739	74,611	43,033,666	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/25/2013 9:29 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	71	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	67	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ONCOLOGY	0	0		56.01
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	4,901	0		60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	46	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	2,914	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	22,865		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 CARDIAC REHAB	10	0		76.00
76.01 03021 GI LAB	0	0		76.01
76.02 03022 ECT	0	0		76.02
76.03 03023 O/P PSYCH	0	0		76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	42	0		90.00
90.01 09001 HYPERBARIC/OP WOUND	0	0		90.01
91.00 09100 EMERGENCY	380	0		91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0		91.02
91.03 09102 PAIN THERAPY CENTER	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 AMBULATORY CARE UNIT	0	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	8,450	22,865		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	8,450	22,865		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260020 Component CCN: 26S020		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/25/2013 9:29 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,000,321	128,371,153	0.046742	0	0	50.00
51.00	05100	RECOVERY ROOM	237,173	27,934,230	0.008490	1,489	13	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,631,861	68,403,905	0.038475	0	0	52.00
53.00	05300	ANESTHESIOLOGY	765,807	47,098,952	0.016260	1,445	23	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,183,267	126,724,413	0.033011	54,294	1,792	54.00
54.01	05401	ULTRASOUND	803,173	33,123,235	0.024248	3,625	88	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,142,417	69,015,252	0.060022	3,522	211	55.00
56.00	05600	RADIOISOTOPE	873,834	41,789,291	0.020910	0	0	56.00
56.01	05601	ONCOLOGY	0	0	0.000000	0	0	56.01
57.00	05700	CT SCAN	427,037	111,854,216	0.003818	198,900	759	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	979,367	39,111,043	0.025041	9,256	232	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,367,894	44,954,088	0.030429	0	0	59.00
60.00	06000	LABORATORY	2,002,104	323,027,959	0.006198	1,187,686	7,361	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	349,275	25,427,138	0.013736	506	7	62.00
65.00	06500	RESPIRATORY THERAPY	1,122,372	75,392,729	0.014887	24,166	360	65.00
66.00	06600	PHYSICAL THERAPY	1,241,973	40,082,660	0.030985	79,581	2,466	66.00
69.00	06900	ELECTROCARDIOLOGY	1,983,640	127,875,530	0.015512	92,301	1,432	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,429,038	142,137,729	0.010054	150,425	1,512	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,376,217	96,577,385	0.014250	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,361,832	256,738,749	0.009199	1,825,446	16,792	73.00
74.00	07400	RENAL DIALYSIS	128,839	5,417,093	0.023784	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,694,767	29,256,371	0.057928	485	28	75.00
76.00	03020	CARDIAC REHAB	159,059	1,809,305	0.087912	2,732	240	76.00
76.01	03021	GI LAB	1,375,456	66,445,337	0.020701	0	0	76.01
76.02	03022	ECT	51,843	3,389,954	0.015293	328,048	5,017	76.02
76.03	03023	O/P PSYCH	392,954	3,765,275	0.104363	3,245	339	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	734,565	16,201,091	0.045340	0	0	90.00
90.01	09001	HYPERBARIC/O/P WOUND	130,918	2,261,844	0.057881	0	0	90.01
91.00	09100	EMERGENCY	1,793,479	112,240,919	0.015979	722,737	11,549	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0.000000	0	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0.000000	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	31,657,540	0.000000	0	0	92.00
92.01	09201	AMBULATORY CARE UNIT	378,481	24,964,437	0.015161	26,287	399	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	41,118,963	2,123,048,823		4,716,176	50,620	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/25/2013 9:29 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	215,834	0	215,834	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ONCOLOGY	0	0	0	0	0	56.01
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	312,131	0	312,131	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO 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	03020 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03021 GI LAB	0	0	0	0	0	76.01
76.02	03022 ECT	0	0	0	0	0	76.02
76.03	03023 O/P PSYCH	0	0	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	527,965	0	527,965	95.00
200.00	Total (lines 50-199)	0	0	527,965	0	527,965	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260020 Component CCN: 26S020		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part IV Date/Time Prepared: 11/25/2013 9:29 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	128,371,153	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	27,934,230	0.000000	0.000000	1,489	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	68,403,905	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	47,098,952	0.000000	0.000000	1,445	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	215,834	126,724,413	0.001703	0.001703	54,294	54.00
54.01	05401	ULTRASOUND	0	33,123,235	0.000000	0.000000	3,625	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	69,015,252	0.000000	0.000000	3,522	55.00
56.00	05600	RADIOISOTOPE	0	41,789,291	0.000000	0.000000	0	56.00
56.01	05601	ONCOLOGY	0	0	0.000000	0.000000	0	56.01
57.00	05700	CT SCAN	0	111,854,216	0.000000	0.000000	198,900	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	39,111,043	0.000000	0.000000	9,256	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	44,954,088	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	312,131	323,027,959	0.000966	0.000966	1,187,686	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,427,138	0.000000	0.000000	506	62.00
65.00	06500	RESPIRATORY THERAPY	0	75,392,729	0.000000	0.000000	24,166	65.00
66.00	06600	PHYSICAL THERAPY	0	40,082,660	0.000000	0.000000	79,581	66.00
69.00	06900	ELECTROCARDIOLOGY	0	127,875,530	0.000000	0.000000	92,301	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	142,137,729	0.000000	0.000000	150,425	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	96,577,385	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	256,738,749	0.000000	0.000000	1,825,446	73.00
74.00	07400	RENAL DIALYSIS	0	5,417,093	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	29,256,371	0.000000	0.000000	485	75.00
76.00	03020	CARDIAC REHAB	0	1,809,305	0.000000	0.000000	2,732	76.00
76.01	03021	GI LAB	0	66,445,337	0.000000	0.000000	0	76.01
76.02	03022	ECT	0	3,389,954	0.000000	0.000000	328,048	76.02
76.03	03023	O/P PSYCH	0	3,765,275	0.000000	0.000000	3,245	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	16,201,091	0.000000	0.000000	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0	2,261,844	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	112,240,919	0.000000	0.000000	722,737	91.00
91.02	09101	NATURAL FAMILY PLANNING	0	0	0.000000	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0	0	0.000000	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	31,657,540	0.000000	0.000000	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0	24,964,437	0.000000	0.000000	26,287	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	527,965	2,123,048,823			4,716,176	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/25/2013 9:29 am
	Component CCN: 26S020	Title XVIII	Subprovider - IPF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
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	92	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ONCOLOGY	0	0	0	56.01
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	1,147	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO 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	03020 CARDIAC REHAB	0	0	0	76.00
76.01	03021 GI LAB	0	0	0	76.01
76.02	03022 ECT	0	0	0	76.02
76.03	03023 O/P PSYCH	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	1,239	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/25/2013 9:29 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	215,834	0	215,834	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ONCOLOGY	0	0	0	0	0	56.01
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	312,131	0	312,131	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO 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	03020 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03021 GI LAB	0	0	0	0	0	76.01
76.02	03022 ECT	0	0	0	0	0	76.02
76.03	03023 O/P PSYCH	0	0	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	527,965	0	527,965	95.00
200.00	Total (lines 50-199)	0	0	527,965	0	527,965	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/25/2013 9:29 am
	Component CCN: 265298	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	128,371,153	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	27,934,230	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	68,403,905	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	47,098,952	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	215,834	126,724,413	0.001703	0.001703	73,004	54.00
54.01 05401 ULTRASOUND	0	33,123,235	0.000000	0.000000	7,836	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	69,015,252	0.000000	0.000000	4,467	55.00
56.00 05600 RADIOISOTOPE	0	41,789,291	0.000000	0.000000	0	56.00
56.01 05601 ONCOLOGY	0	0	0.000000	0.000000	0	56.01
57.00 05700 CT SCAN	0	111,854,216	0.000000	0.000000	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	39,111,043	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	44,954,088	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	312,131	323,027,959	0.000966	0.000966	1,015,929	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	0.000000	0.000000	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	25,427,138	0.000000	0.000000	48,667	62.00
65.00 06500 RESPIRATORY THERAPY	0	75,392,729	0.000000	0.000000	1,568	65.00
66.00 06600 PHYSICAL THERAPY	0	40,082,660	0.000000	0.000000	6,499,450	66.00
69.00 06900 ELECTROCARDIOLOGY	0	127,875,530	0.000000	0.000000	46,220	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	142,137,729	0.000000	0.000000	418,804	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	96,577,385	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	256,738,749	0.000000	0.000000	3,444,450	73.00
74.00 07400 RENAL DIALYSIS	0	5,417,093	0.000000	0.000000	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	29,256,371	0.000000	0.000000	0	75.00
76.00 03020 CARDIAC REHAB	0	1,809,305	0.000000	0.000000	1,315	76.00
76.01 03021 GI LAB	0	66,445,337	0.000000	0.000000	0	76.01
76.02 03022 ECT	0	3,389,954	0.000000	0.000000	0	76.02
76.03 03023 O/P PSYCH	0	3,765,275	0.000000	0.000000	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	16,201,091	0.000000	0.000000	166	90.00
90.01 09001 HYPERBARIC/OP WOUND	0	2,261,844	0.000000	0.000000	561	90.01
91.00 09100 EMERGENCY	0	112,240,919	0.000000	0.000000	0	91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0	0.000000	0.000000	0	91.02
91.03 09102 PAIN THERAPY CENTER	0	0	0.000000	0.000000	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	31,657,540	0.000000	0.000000	0	92.00
92.01 09201 AMBULATORY CARE UNIT	0	24,964,437	0.000000	0.000000	1,433	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	527,965	2,123,048,823			11,563,870	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/25/2013 9:29 am
	Component CCN: 265298	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
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	124	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ONCOLOGY	0	0	0	56.01
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	981	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO 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	03020 CARDIAC REHAB	0	0	0	76.00
76.01	03021 GI LAB	0	0	0	76.01
76.02	03022 ECT	0	0	0	76.02
76.03	03023 O/P PSYCH	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	1,105	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/25/2013 9:29 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.368229	1,404,806	0	0	517,290
51.00 05100 RECOVERY ROOM	0.142186	580,984	0	0	82,608
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.330686	180,717	0	0	59,761
53.00 05300 ANESTHESIOLOGY	0.050582	575,425	0	0	29,106
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.165636	1,955,394	0	0	323,884
54.01 05401 ULTRASOUND	0.137152	1,549,988	0	0	212,584
55.00 05500 RADIOLOGY-THERAPEUTIC	0.183631	2,165,078	0	0	397,575
56.00 05600 RADIO SOTOPE	0.090825	770,807	0	0	70,009
56.01 05601 ONCOLOGY	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.025094	2,333,008	0	0	58,545
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.060945	776,863	0	0	47,346
59.00 05900 CARDIAC CATHETERIZATION	0.139690	845,608	0	0	118,123
60.00 06000 LABORATORY	0.100511	3,973,788	0	0	399,409
60.01 06001 LABORATORY-PATHOLOGICAL	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321454	277,685	0	0	89,263
65.00 06500 RESPIRATORY THERAPY	0.191498	364,086	0	0	69,722
66.00 06600 PHYSICAL THERAPY	0.485620	881,562	0	0	428,104
69.00 06900 ELECTROCARDIOLOGY	0.093848	1,787,474	0	0	167,751
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.342718	2,239,583	0	0	767,545
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.462586	768,963	0	0	355,712
73.00 07300 DRUGS CHARGED TO PATIENTS	0.306452	4,779,464	0	0	1,464,676
74.00 07400 RENAL DIALYSIS	0.222333	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.364933	617,812	0	0	225,460
76.00 03020 CARDIAC REHAB	0.946209	17,253	0	0	16,325
76.01 03021 GI LAB	0.121776	904,917	0	0	110,197
76.02 03022 ECT	0.114443	165,904	0	0	18,987
76.03 03023 O/P PSYCH	0.626810	1,324	0	0	830
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.317801	1,745,762	0	0	554,805
90.01 09001 HYPERBARIC/OP WOUND	0.507311	137,460	0	0	69,735
91.00 09100 EMERGENCY	0.226616	6,358,170	0	0	1,440,863
91.02 09101 NATURAL FAMILY PLANNING	0.000000	0	0	0	0
91.03 09102 PAIN THERAPY CENTER	0.000000	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.218964	1,055,011	0	0	231,009
92.01 09201 AMBULATORY CARE UNIT	0.125891	754,915	0	0	95,037
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES	0.807263	960	0	0	0
200.00		Subtotal (see instructions)	39,969,811	0	8,423,036
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0
202.00		Net Charges (line 200 +/- line 201)	39,969,811	0	8,423,036

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/25/2013 9:29 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ONCOLOGY	0	0		56.01
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 LABORATORY-PATHOLOGICAL	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 CARDIAC REHAB	0	0		76.00
76.01 03021 GI LAB	0	0		76.01
76.02 03022 ECT	0	0		76.02
76.03 03023 O/P PSYCH	0	0		76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 HYPERBARIC/OP WOUND	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.02 09101 NATURAL FAMILY PLANNING	0	0		91.02
91.03 09102 PAIN THERAPY CENTER	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 AMBULATORY CARE UNIT	0	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/25/2013 9:29 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		134,953	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		134,953	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		125,933	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)		33,868	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		103,711,966	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)		103,711,966	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		103,711,966	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		768.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,027,558	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)		26,027,558	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/25/2013 9:29 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)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	29,072,939	11,091	2,621.31	3,984	10,443,299	43.00
44.00	CORONARY CARE UNIT	6,322,015	4,613	1,370.48	1,816	2,488,792	44.00
45.00	BURN INTENSIVE CARE UNIT	3,919,146	2,944	1,331.23	540	718,864	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	24,572,716	23,850	1,030.30	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					68,146,752	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					107,825,265	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)					4,017,372	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,311,731	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,329,103	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					99,496,162	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,020	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					768.50	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,931,870	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/25/2013 9:29 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	11,647,376	103,711,966	0.112305	6,931,870	778,484	90.00
91.00	Nursing School cost	0	103,711,966	0.000000	6,931,870	0	91.00
92.00	Allied health cost	0	103,711,966	0.000000	6,931,870	0	92.00
93.00	All other Medical Education	0	103,711,966	0.000000	6,931,870	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020 Component CCN: 26S020	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/25/2013 9:29 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			15,651 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			15,651 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			15,651 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			6,976 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			12,362,566 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			12,362,566 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			12,362,566 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			789.89 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,510,273 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)			5,510,273 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 26S020				Date/Time Prepared: 11/25/2013 9:29 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,008,438		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,518,711		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					433,279		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51,859		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					485,138		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,033,573		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020 Component CCN: 26S020		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/25/2013 9:29 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	972,044	12,362,566	0.078628	0	0	90.00
91.00	Nursing School cost	0	12,362,566	0.000000	0	0	91.00
92.00	Allied health cost	0	12,362,566	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,362,566	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/25/2013 9:29 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,718	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,718	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		19,718	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)		10,910	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		11,595,825	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		11,595,825	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,595,825	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			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: 260020 Component CCN: 265298		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/25/2013 9:29 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	NEONATAL INTENSIVE CARE UNIT						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)					11,595,825	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					588.08	71.00
72.00	Program routine service cost (line 9 x line 71)					6,415,953	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)					6,415,953	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)					6,415,953	83.00
84.00	Program inpatient ancillary services (see instructions)					4,493,497	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)					10,909,450	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: 260020 Component CCN: 265298		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/25/2013 9:29 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: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 11/25/2013 9:29 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		134,953	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		134,953	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		125,933	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)		7,452	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)		18,377	15.00
16.00	Nursery days (title V or XIX only)		771	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		102,747,632	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)		102,747,632	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		102,747,632	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		761.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,673,655	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)		5,673,655	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/25/2013 9:29 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Hospital Cost Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	9,630,760	18,377	524.07	771	404,058	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	29,072,939	11,091	2,621.31	759	1,989,574	43.00
44.00	CORONARY CARE UNIT	6,322,015	4,613	1,370.48	294	402,921	44.00
45.00	BURN INTENSIVE CARE UNIT	3,919,146	2,944	1,331.23	764	1,017,060	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	24,561,070	23,850	1,029.81	2,348	2,417,994	47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,822,100	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,727,362	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,020	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					761.36	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,867,467	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/25/2013 9:29 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	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: 260020 Component CCN: 26S020	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/25/2013 9:29 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			15,651 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			15,651 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			15,651 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			2,421 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)			18,377 15.00
16.00	Nursery days (title V or XIX only)			771 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			12,314,765 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			12,314,765 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			12,314,765 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			786.84 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,904,940 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,904,940 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1		
		Component CCN: 26S020				Date/Time Prepared: 11/25/2013 9:29 am		
		Title XIX		Subprovider - IPF		Cost		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00	
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00	
<b>Cost Center Description</b>								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						230,082		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,135,022		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>								
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)								70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00 Program routine service cost (line 9 x line 71)								72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00 Program capital-related costs (line 9 x line 76)								77.00
78.00 Inpatient routine service cost (line 74 minus line 77)								78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00 Inpatient routine service cost per diem limitation								81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00 Reasonable inpatient routine service costs (see instructions)								83.00
84.00 Program inpatient ancillary services (see instructions)								84.00
85.00 Utilization review - physician compensation (see instructions)								85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260020 Component CCN: 26S020		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/25/2013 9:29 am	
		Title XIX		Subprovider - IPF		Cost	
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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/25/2013 9:29 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		61,098,902	30.00
31.00	03100	INTENSIVE CARE UNIT		15,578,248	31.00
32.00	03200	CORONARY CARE UNIT		6,506,220	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		1,984,034	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
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
42.01	04201	SUBPROVIDER II		0	42.01
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.368986	19,156,142	50.00
51.00	05100	RECOVERY ROOM	0.142186	3,569,576	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.330686	130,175	52.00
53.00	05300	ANESTHESIOLOGY	0.050582	5,176,161	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165636	7,129,753	54.00
54.01	05401	ULTRASOUND	0.145600	722,513	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.183631	1,384,708	55.00
56.00	05600	RADIOISOTOPE	0.090825	2,423,592	56.00
56.01	05601	ONCOLOGY	0.000000	0	56.01
57.00	05700	CT SCAN	0.025094	13,779,411	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.060945	3,146,658	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139690	6,334,702	59.00
60.00	06000	LABORATORY	0.100515	37,557,440	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321454	7,209,527	62.00
65.00	06500	RESPIRATORY THERAPY	0.192569	11,121,367	65.00
66.00	06600	PHYSICAL THERAPY	0.485620	5,647,742	66.00
69.00	06900	ELECTROCARDIOLOGY	0.095293	16,174,805	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.342718	52,602,490	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.462586	21,252,066	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.306452	40,314,170	73.00
74.00	07400	RENAL DIALYSIS	0.222333	3,107,260	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.364933	649,479	75.00
76.00	03020	CARDIAC REHAB	0.946209	609,407	76.00
76.01	03021	GI LAB	0.122016	2,201,430	76.01
76.02	03022	ECT	0.114443	9,853	76.02
76.03	03023	O/P PSYCH	0.626810	331	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.317801	59,744	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.509992	3,672	90.01
91.00	09100	EMERGENCY	0.227161	9,483,871	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.218964	1,105,287	92.00
92.01	09201	AMBULATORY CARE UNIT	0.125891	1,270,865	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		273,334,197	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)		273,334,197	202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 26S020		Date/Time Prepared: 11/25/2013 9:29 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	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
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		7,176,757	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
42.01	04201	SUBPROVIDER II		0	42.01
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.368986	0	50.00
51.00	05100	RECOVERY ROOM	0.142186	1,489	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.330686	0	52.00
53.00	05300	ANESTHESIOLOGY	0.050582	1,445	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165636	54,294	54.00
54.01	05401	ULTRASOUND	0.145600	3,625	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.183631	3,522	55.00
56.00	05600	RADIOISOTOPE	0.090825	0	56.00
56.01	05601	ONCOLOGY	0.000000	0	56.01
57.00	05700	CT SCAN	0.025094	198,900	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.060945	9,256	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139690	0	59.00
60.00	06000	LABORATORY	0.100515	1,187,686	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321454	506	62.00
65.00	06500	RESPIRATORY THERAPY	0.192569	24,166	65.00
66.00	06600	PHYSICAL THERAPY	0.485620	79,581	66.00
69.00	06900	ELECTROCARDIOLOGY	0.095293	92,301	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.342718	150,425	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.462586	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.306452	1,825,446	73.00
74.00	07400	RENAL DIALYSIS	0.222333	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.364933	485	75.00
76.00	03020	CARDIAC REHAB	0.946209	2,732	76.00
76.01	03021	GI LAB	0.122016	0	76.01
76.02	03022	ECT	0.114443	328,048	76.02
76.03	03023	O/P PSYCH	0.626810	3,245	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.317801	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.509992	0	90.01
91.00	09100	EMERGENCY	0.227161	722,737	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.218964	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.125891	26,287	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		4,716,176	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)		4,716,176	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 265298		Date/Time Prepared: 11/25/2013 9:29 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	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
35.00	02040 NEONATAL INTENSIVE CARE UNIT		0		35.00
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
42.01	04201 SUBPROVIDER II		0		42.01
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.368229	0	0	50.00
51.00	05100 RECOVERY ROOM	0.142186	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.330686	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.050582	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165636	73,004	12,092	54.00
54.01	05401 ULTRASOUND	0.137152	7,836	1,075	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.183631	4,467	820	55.00
56.00	05600 RADIOISOTOPE	0.090825	0	0	56.00
56.01	05601 ONCOLOGY	0.000000	0	0	56.01
57.00	05700 CT SCAN	0.025094	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.060945	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139690	0	0	59.00
60.00	06000 LABORATORY	0.100511	1,015,929	102,112	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321454	48,667	15,644	62.00
65.00	06500 RESPIRATORY THERAPY	0.191498	1,568	300	65.00
66.00	06600 PHYSICAL THERAPY	0.485620	6,499,450	3,156,263	66.00
69.00	06900 ELECTROCARDIOLOGY	0.093848	46,220	4,338	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.342718	418,804	143,532	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.462586	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.306452	3,444,450	1,055,559	73.00
74.00	07400 RENAL DIALYSIS	0.222333	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.364933	0	0	75.00
76.00	03020 CARDIAC REHAB	0.946209	1,315	1,244	76.00
76.01	03021 GI LAB	0.121776	0	0	76.01
76.02	03022 ECT	0.114443	0	0	76.02
76.03	03023 O/P PSYCH	0.626810	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.317801	166	53	90.00
90.01	09001 HYPERBARIC/OP WOUND	0.507311	561	285	90.01
91.00	09100 EMERGENCY	0.226616	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.218964	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0.125891	1,433	180	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		11,563,870	4,493,497	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		11,563,870		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/25/2013 9:29 am	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		15,947,127	30.00
31.00	03100	INTENSIVE CARE UNIT		2,990,022	31.00
32.00	03200	CORONARY CARE UNIT		979,137	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		3,657,422	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		6,622,597	35.00
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
42.01	04201	SUBPROVIDER II		0	42.01
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.368229	3,503,976	50.00
51.00	05100	RECOVERY ROOM	0.142186	576,241	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.330686	1,412,480	52.00
53.00	05300	ANESTHESIOLOGY	0.050582	1,032,857	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165636	1,725,034	54.00
54.01	05401	ULTRASOUND	0.137152	300,000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.183631	284,871	55.00
56.00	05600	RADIOISOTOPE	0.090825	273,073	56.00
56.01	05601	ONCOLOGY	0.000000	0	56.01
57.00	05700	CT SCAN	0.025094	3,057,441	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.060945	687,440	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139690	691,645	59.00
60.00	06000	LABORATORY	0.100511	8,768,028	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321454	1,851,230	62.00
65.00	06500	RESPIRATORY THERAPY	0.191498	3,819,420	65.00
66.00	06600	PHYSICAL THERAPY	0.485620	1,088,265	66.00
69.00	06900	ELECTROCARDIOLOGY	0.093848	2,384,201	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.342718	18,230,256	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.462586	1,942,050	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.306452	13,184,732	73.00
74.00	07400	RENAL DIALYSIS	0.222333	115,575	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.364933	93,983	75.00
76.00	03020	CARDIAC REHAB	0.946209	63,295	76.00
76.01	03021	GI LAB	0.121776	255,368	76.01
76.02	03022	ECT	0.114443	119,396	76.02
76.03	03023	O/P PSYCH	0.626810	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.317801	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.507311	0	90.01
91.00	09100	EMERGENCY	0.226616	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.218964	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.125891	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		65,460,857	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)		65,460,857	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 26S020		Date/Time Prepared: 11/25/2013 9:29 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	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
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		1,900,636	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
42.01	04201	SUBPROVIDER II		0	42.01
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.368229	17,184	50.00
51.00	05100	RECOVERY ROOM	0.142186	2,448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.330686	0	52.00
53.00	05300	ANESTHESIOLOGY	0.050582	2,502	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165636	23,589	54.00
54.01	05401	ULTRASOUND	0.137152	707	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.183631	1,230	55.00
56.00	05600	RADIOISOTOPE	0.090825	4,620	56.00
56.01	05601	ONCOLOGY	0.000000	0	56.01
57.00	05700	CT SCAN	0.025094	48,540	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.060945	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139690	9,279	59.00
60.00	06000	LABORATORY	0.100511	451,421	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321454	310	62.00
65.00	06500	RESPIRATORY THERAPY	0.191498	10,420	65.00
66.00	06600	PHYSICAL THERAPY	0.485620	3,554	66.00
69.00	06900	ELECTROCARDIOLOGY	0.093848	21,977	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.342718	52,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.462586	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.306452	460,254	73.00
74.00	07400	RENAL DIALYSIS	0.222333	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.364933	674	75.00
76.00	03020	CARDIAC REHAB	0.946209	0	76.00
76.01	03021	GI LAB	0.121776	0	76.01
76.02	03022	ECT	0.114443	48,706	76.02
76.03	03023	O/P PSYCH	0.626810	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.317801	0	90.00
90.01	09001	HYPERBARIC/OP WOUND	0.507311	0	90.01
91.00	09100	EMERGENCY	0.226616	0	91.00
91.02	09101	NATURAL FAMILY PLANNING	0.000000	0	91.02
91.03	09102	PAIN THERAPY CENTER	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.218964	0	92.00
92.01	09201	AMBULATORY CARE UNIT	0.125891	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,159,917	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,159,917	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 265298		Date/Time Prepared: 11/25/2013 9:29 am	
		Title XIX	Skilled Nursing Facility	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	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
35.00	02040 NEONATAL INTENSIVE CARE UNIT		0		35.00
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
42.01	04201 SUBPROVIDER II		0		42.01
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.368229	0	0	50.00
51.00	05100 RECOVERY ROOM	0.142186	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.330686	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.050582	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165636	0	0	54.00
54.01	05401 ULTRASOUND	0.137152	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.183631	0	0	55.00
56.00	05600 RADIOISOTOPE	0.090825	0	0	56.00
56.01	05601 ONCOLOGY	0.000000	0	0	56.01
57.00	05700 CT SCAN	0.025094	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.060945	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139690	0	0	59.00
60.00	06000 LABORATORY	0.100511	2,565	258	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.321454	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.191498	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.485620	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.093848	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.342718	58,758	20,137	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.462586	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.306452	5,827	1,786	73.00
74.00	07400 RENAL DIALYSIS	0.222333	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.364933	0	0	75.00
76.00	03020 CARDIAC REHAB	0.946209	0	0	76.00
76.01	03021 GI LAB	0.121776	0	0	76.01
76.02	03022 ECT	0.114443	0	0	76.02
76.03	03023 O/P PSYCH	0.626810	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.317801	0	0	90.00
90.01	09001 HYPERBARIC/OP WOUND	0.507311	0	0	90.01
91.00	09100 EMERGENCY	0.226616	0	0	91.00
91.02	09101 NATURAL FAMILY PLANNING	0.000000	0	0	91.02
91.03	09102 PAIN THERAPY CENTER	0.000000	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.218964	0	0	92.00
92.01	09201 AMBULATORY CARE UNIT	0.125891	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		67,150	22,181	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)		67,150		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/25/2013 9:29 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>					
1.00	DRG Amounts Other than Outlier Payments		72,385,145		1.00
2.00	Outlier payments for discharges. (see instructions)		5,946,827		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		30,337,297		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		786.20		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		95.60		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)		10.52		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)		85.08		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		96.95		10.00
11.00	FTE count for residents in dental and podiatric programs.		2.00		11.00
12.00	Current year allowable FTE (see instructions)		87.08		12.00
13.00	Total allowable FTE count for the prior year.		87.08		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.		87.08		14.00
15.00	Sum of lines 12 through 14 divided by 3.		87.08		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		87.08		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.110761		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.110845		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.110761		21.00
22.00	IME payment adjustment (see instructions)		6,026,931		22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		11.87		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)		6,026,931		29.00
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.39		30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.80		31.00
32.00	Sum of lines 30 and 31		25.19		32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.00		33.00
34.00	Disproportionate share adjustment (see instructions)		7,238,515		34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/25/2013 9:29 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)		91,597,418		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)		91,597,418		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		6,931,275		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).		2,914,601		52.00
53.00	Nursing and Allied Health Managed Care payment		34,473		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		48,422		58.00
59.00	Total (sum of amounts on lines 49 through 58)		101,526,189		59.00
60.00	Primary payer payments		141,691		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		101,384,498		61.00
62.00	Deductibles billed to program beneficiaries		6,598,110		62.00
63.00	Coinurance billed to program beneficiaries		520,130		63.00
64.00	Allowable bad debts (see instructions)		1,246,092		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		872,264		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		95,138,522		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00			0		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		0		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume 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)		95,138,522		71.00
71.01	Sequestration adjustment (see instructions)		475,693		71.01
72.00	Interim payments		94,376,057		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		286,772		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		3,539,634		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/25/2013 9:29 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: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/25/2013 9:29 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		31,315	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		43,001,154	2.00
3.00	PPS payments		40,230,835	3.00
4.00	Outlier payment (see instructions)		153,348	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		32,512	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		31,315	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		132,350	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)		132,350	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		132,350	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		101,035	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)		31,315	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)		40,416,695	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,289	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		8,415,110	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)		32,031,611	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,001,574	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)		33,033,185	30.00
31.00	Primary payer payments		38,858	31.00
32.00	Subtotal (line 30 minus line 31)		32,994,327	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		550,490	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		385,343	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		33,379,670	37.00
38.00	MSP-LCC reconciliation amount from PS&R		3,755	38.00
39.00			0	39.00
39.99	<b>RECOVERY OF ACCELERATED DEPRECIATION</b>		0	39.99
40.00	Subtotal (see instructions)		33,375,915	40.00
40.01	Sequestration adjustment (see instructions)		166,880	40.01
41.00	Interim payments		33,133,530	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		75,505	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 260020		Period: From 07/01/2012 To 06/30/2013		Worksheet E-1 Part I Date/Time Prepared: 11/25/2013 9:29 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		94,376,057		33,084,130	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	02/13/2013	49,400	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		49,400	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)		94,376,057		33,133,530	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		762,465		242,385	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		95,138,522		33,375,915	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: 260020  
Component CCN: 26S020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/25/2013 9:29 am

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,836,188		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,836,188		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		35,471		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,871,659		0	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: 260020 Component CCN: 265298	Period: From 07/01/2012 To 06/30/2013	Worksheet E-1 Part I Date/Time Prepared: 11/25/2013 9:29 am	
		Title XVIII	Skilled Nursing Facility	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				0
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,991,359		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,991,359		0
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)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		16,705		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		4,008,064		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet E-1 Part II Date/Time Prepared: 11/25/2013 9:29 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		36,360	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		40,208	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		17,121	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		168,431	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		2,659,668,113	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		60,661,605	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)		2,218,741	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		2,218,741	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		2,218,741	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part II Date/Time Prepared: 11/25/2013 9:29 am
		Component CCN: 26S020	Title XVII I	Subprovider - IPF PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		5,391,131	1.00
2.00	Net IPF PPS Outlier Payments		37,785	2.00
3.00	Net IPF PPS ECT Payments		67,501	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.30	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		1.04	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.30	8.00
9.00	Average Daily Census (see instructions)		42.879452	9.00
10.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .		0.003597	10.00
11.00	Indirect Medical Education Adjustment (line 1 multiplied by line 10).		19,392	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		5,515,809	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		5,515,809	16.00
17.00	Primary payer payments		8,157	17.00
18.00	Subtotal (line 16 less line 17).		5,507,652	18.00
19.00	Deductibles		558,812	19.00
20.00	Subtotal (line 18 minus line 19)		4,948,840	20.00
21.00	Coinsurance		78,420	21.00
22.00	Subtotal (line 20 minus line 21)		4,870,420	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		4,870,420	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		1,239	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00			0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		4,871,659	31.00
31.01	Sequestration adjustment (see instructions)		24,358	31.01
32.00	Interim payments		4,836,188	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		11,113	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		37,785	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260020 Component CCN: 265298	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VI Date/Time Prepared: 11/25/2013 9:29 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)		4,595,608	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		1,105	3.00
4.00	Subtotal (sum of lines 1 through 3)		4,596,713	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		599,516	7.00
8.00	Allowable bad debts (see instructions)		15,524	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		10,867	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)		4,008,064	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00			0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		4,008,064	15.00
15.01	Sequestration adjustment (see instructions)		20,040	15.01
16.00	Interim payments		3,991,359	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		-3,335	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/25/2013 9:29 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			99.69	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.01	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			88.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			97.61	6.00
7.00	Enter the lesser of line 5 or line 6			88.68	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	64.07	26.18	90.25	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	58.21	23.78	81.99	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.00		10.00
11.00	Total weighted FTE count	58.21	25.78		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	56.27	28.36		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	57.45	28.82		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.31	27.65		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	57.31	27.65		17.00
18.00	Per resident amount	137,348.64	136,614.12		18.00
19.00	Approved amount for resident costs	7,871,451	3,777,380	11,648,831	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			8.93	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			92,809.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			11,648,831	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	47,184	17,121		26.00
27.00	Total Inpatient Days (see instructions)	184,082	184,082		27.00
28.00	Ratio of inpatient days to total inpatient days	0.256321	0.093007		28.00
29.00	Program direct GME amount	2,985,840	1,083,423		29.00
30.00	Reduction for direct GME payments for Medicare managed care		153,088		30.00
31.00	Net Program direct GME amount			3,916,175	31.00



DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/25/2013 9:29 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		5,417,093	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		125,356,642	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		149,848	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		125,206,794	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		43,064,981	42.00
43.00	Primary payer payments (see instructions)		38,858	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		43,026,123	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		168,232,917	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.744247	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.255753	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		3,916,175	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		2,914,601	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,001,574	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/25/2013 9: 29 am	
		Title XIX	Hospital	Cost	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			99.69	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.01	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			88.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			97.61	6.00
7.00	Enter the lesser of line 5 or line 6			88.68	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	64.07	26.18	90.25	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	58.21	23.78	81.99	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.00		10.00
11.00	Total weighted FTE count	58.21	25.78		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	56.27	28.36		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	57.45	28.82		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.31	27.65		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	57.31	27.65		17.00
18.00	Per resident amount	137,348.64	136,614.12		18.00
19.00	Approved amount for resident costs	7,871,451	3,777,380	11,648,831	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			8.93	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			92,809.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			11,648,831	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	14,038	29,882		26.00
27.00	Total Inpatient Days (see instructions)	184,082	184,082		27.00
28.00	Ratio of inpatient days to total inpatient days	0.076259	0.162330		28.00
29.00	Program direct GME amount	888,328	1,890,955		29.00
30.00	Reduction for direct GME payments for Medicare managed care		267,192		30.00
31.00	Net Program direct GME amount			2,512,091	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/25/2013 9:29 am
		Title XIX	Hospital	Cost
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)			0 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)			0 37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)			0 38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)			0 39.00
40.00	Primary payer payments (see instructions)			0 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			0 41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)			0 42.00
43.00	Primary payer payments (see instructions)			0 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			0 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			0 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.000000 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.000000 47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)			2,512,091 48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)			0 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0 50.00

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

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet G

Date/Time Prepared:  
11/25/2013 9:29 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	10,032,970	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	321,760,564	0	0	0	4.00
5.00	Other receivable	171,222,728	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-196,414,413	0	0	0	6.00
7.00	Inventory	12,039,917	0	0	0	7.00
8.00	Prepaid expenses	1,185,352	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	319,827,118	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	7,316,244	0	0	0	12.00
13.00	Land improvements	11,929,997	0	0	0	13.00
14.00	Accumulated depreciation	-8,702,684	0	0	0	14.00
15.00	Buildings	760,822,152	0	0	0	15.00
16.00	Accumulated depreciation	-379,032,776	0	0	0	16.00
17.00	Leasehold improvements	10,177,274	0	0	0	17.00
18.00	Accumulated depreciation	-8,207,767	0	0	0	18.00
19.00	Fixed equipment	6,229,250	0	0	0	19.00
20.00	Accumulated depreciation	-4,932,725	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	248,821,490	0	0	0	23.00
24.00	Accumulated depreciation	-176,385,045	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)	468,035,410	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	274,084	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	20,830,068	2,909,048	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	21,104,152	2,909,048	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	808,966,680	2,909,048	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	18,404,514	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	239,570	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	40,734,209	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	59,378,293	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	9,853,342	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	6,437,499	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	16,290,841	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	75,669,134	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	733,297,546				52.00
53.00	Specific purpose fund		2,909,048			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)	733,297,546	2,909,048	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	808,966,680	2,909,048	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet G-1

Date/Time Prepared:  
11/25/2013 9:29 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		649,775,795		2,638,656		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		82,270,971				2.00
3.00	Total (sum of line 1 and line 2)		732,046,766		2,638,656		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	INVESTMENT INCOME	0		434,682		0	5.00
6.00	DONATIONS	980,292		529,584		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00	OTHER FUND BALANCES	270,489		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,250,781		964,266		10.00
11.00	Subtotal (line 3 plus line 10)		733,297,547		3,602,922		11.00
12.00	Deductions (debit adjustments) (specify)	1		42		0	12.00
13.00		0		0		0	13.00
14.00	EXPENSES	0		620,147		0	14.00
15.00		0		0		0	15.00
16.00	FIXED ASSETS PURCHASED	0		73,685		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1		693,874		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		733,297,546		2,909,048		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	INVESTMENT INCOME		0				5.00
6.00	DONATIONS		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00	OTHER FUND BALANCES		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	EXPENSES		0				14.00
15.00			0				15.00
16.00	FIXED ASSETS PURCHASED		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: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/25/2013 9:29 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	245,321,692		245,321,692	1.00
2.00	SUBPROVIDER - IPF	16,020,783		16,020,783	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
4.01	SUBPROVIDER II	0		0	4.01
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	23,827,360		23,827,360	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	3,069,231		3,069,231	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	288,239,066		288,239,066	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	88,146,529		88,146,529	11.00
12.00	CORONARY CARE UNIT	22,552,763		22,552,763	12.00
13.00	BURN INTENSIVE CARE UNIT	15,256,222		15,256,222	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	106,234,950		106,234,950	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	232,190,464		232,190,464	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	520,429,530		520,429,530	17.00
18.00	Ancillary services	896,300,639	0	896,300,639	18.00
19.00	Outpatient services	0	1,273,561,378	1,273,561,378	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	1,230	1,230	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	ASC	0	23,460,347	23,460,347	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,416,730,169	1,297,022,955	2,713,753,124	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		781,758,481		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	REHAB HOSPITAL JOINT VENTURE	23,298,155			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)		23,298,155		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		758,460,326		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 260020

Period:  
From 07/01/2012  
To 06/30/2013

Worksheet G-3

Date/Time Prepared:  
11/25/2013 9:29 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,713,753,124	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,910,779,246	2.00
3.00	Net patient revenues (line 1 minus line 2)	802,973,878	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	758,460,326	4.00
5.00	Net income from service to patients (line 3 minus line 4)	44,513,552	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	2,346,627	6.00
7.00	Income from investments	2,077,976	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	5,670,841	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,801,058	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	320,994	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	25,540,032	24.00
25.00	Total other income (sum of lines 6-24)	37,757,528	25.00
26.00	Total (line 5 plus line 25)	82,271,080	26.00
27.00	OTHER EXPENSES (ROUNDING CORRECTION)	109	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	109	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	82,270,971	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260020	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/25/2013 9:29 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		5,744,114	1.00
2.00	Capital DRG outlier payments		572,541	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		461.45	3.00
4.00	Number of interns & residents (see instructions)		87.08	4.00
5.00	Indirect medical education percentage (see instructions)		5.47	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		314,203	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.39	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.80	8.00
9.00	Sum of lines 7 and 8		25.19	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.23	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		300,417	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		6,931,275	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00