

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: 150074  
Period: From 01/01/2013 To 12/31/2013  
Worksheet 5  
Parts I-III  
Date/Time Prepared: 5/27/2014 2:02 pm

**PART I - COST REPORT STATUS**

Provider use only  
1.  Electronically filed cost report  
2.  Manually submitted cost report  
3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
4.  Medicare utilization. Enter "F" for full or "L" for low.

Contractor use only  
5.  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.  Initial Report for this Provider CCN  
9.  Final Report for this Provider CCN

10. NPR Date:  
11. Contractor's Vendor Code: 4  
12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/27/2014 Time: 2:02 pm

**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 COMMUNITY HOSPITAL OF INDIANA, INC. ( 150074 ) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

**Encryption Information**

ECR: Date: 5/27/2014 Time: 2:02 pm  
hYiw42684zxn522Hir6tyk.TSfoc70  
9H1M.O.QMv21mV9FJyIiz.4Rx31jmH  
atHL1mc7AJ0yCRE3  
PI: Date: 5/27/2014 Time: 2:02 pm  
qKqOSvzzebibxeMrCIiLF.D1EjBua0  
YwKD.OcCkm9w.Pd84:xudos.znbQXP  
yKlk0Khweb0LfrDt

(Signed) John A. Millard  
Officer or Administrator of Provider(s)  
Interim CFO  
Title  
Date: 5/27/14

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	523,498	389,680	48,756	-685,974	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	523,498	389,680	48,756	-685,974	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: 150074		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 11:44 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1500 NORTH RITTER AVENUE			PO Box:				1.00				
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46219		County: MARION				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		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			COMMUNITY HOSPITAL OF INDIANA, INC.	150074	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2013	12/31/2013		20.00		
21.00	Type of Control (see instructions)						2		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			8,663	2,798	4	36	7,066	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0	25.00		
							Urban/Rural S	Date of Geogr				
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 11:44 am		
		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)	N	N			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)	Y			25.85	22.67
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)		21.42	21.51		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		23.44	23.44		
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)		19.85	19.92		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		23.44	23.44		
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)		3.59	3.52		
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		
			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

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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.	FAMILY MEDICINE	1350	3.59	3.52	61.20	
				1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	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	2.84	21.91	0.114747	65.00
			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		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150074		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 11:44 am	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	3.00
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 PRACTICE	1350	5.16	18.28	0.220137	67.00
					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.				N		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	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)				N	N 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.				N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00 0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00 0.00	97.00
<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	XIX		
		1.00	2.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,291,038	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
<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			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 11:44 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:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00	
				1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75	169.00	
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				10/01/2012	09/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 11:44 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.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/29/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 11:44 am	
	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.	RONALD	HELMS		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-5501	RHELMS@COMMUNITY.COM		43.00

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/29/2014		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150074

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2014 11:44 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				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	181	66,065	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)		181	66,065	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	23	8,395	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		216	78,840	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		216				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150074

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2014 11:44 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,834	8,274	47,654			1.00
2.00 HMO and other (see instructions)	5,934	9,641				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	14,834	8,274	47,654			7.00
8.00 INTENSIVE CARE UNIT	2,682	0	3,093			8.00
9.00 CORONARY CARE UNIT	4,022	0	6,764			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		382	3,455			13.00
14.00 Total (see instructions)	21,538	8,656	60,966	23.44	1,137.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	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)				23.44	1,137.00	27.00
28.00 Observation Bed Days		0	2,361			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			604			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	270	332			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150074

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2014 11:44 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	4,441	2,447	12,635	1.00
2.00 HMO and other (see instructions)				1,238			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	4,441	2,447	12,635		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part II Date/Time Prepared: 5/27/2014 11:44 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	163,823,074	0	163,823,074	5,367,014.00	30.52	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	2,351,144	-1,476,192	874,952	33,838.00	25.86	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		25,118,047	4,274,128	29,392,175	699,467.00	42.02	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		0	0	0	0.00	0.00	11.00
12.00	Contract management and administrative services		351,416	0	351,416	3,619.00	97.10	12.00
13.00	Contract Labor: Physician-Part A - Administrative		1,732,510	0	1,732,510	23,149.00	74.84	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		40,693,542	0	40,693,542			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		8,953,775	0	8,953,775			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		258,313	0	258,313			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	3,448,127	-151,918	3,296,209	86,378.00	38.16	26.00
27.00	Administrative & General	5.00	23,226,703	-3,885,894	19,340,809	698,424.00	27.69	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	4,810,871	0	4,810,871	174,462.00	27.58	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,546,610	0	1,546,610	112,991.00	13.69	32.00
33.00	Housekeeping under contract (see instructions)		433,110	0	433,110	9,743.00	44.45	33.00
34.00	Dietary	10.00	1,440,373	-958,424	481,949	31,086.00	15.50	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	958,424	958,424	61,820.00	15.50	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,971,701	0	5,971,701	162,492.00	36.75	38.00
39.00	Central Services and Supply	14.00	2,466,311	0	2,466,311	137,897.00	17.89	39.00
40.00	Pharmacy	15.00	3,621,884	-143,162	3,478,722	78,916.00	44.08	40.00
41.00	Medical Records & Medical Records Library	16.00	4,213,804	0	4,213,804	212,871.00	19.80	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150074

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2014 11:44 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	2,824,596	0	2,824,596	78,907.00	35.80	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: 150074

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/27/2014 11:44 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)	161,905,040	1,476,192	163,381,232	5,342,919.00	30.58	1.00
2.00	Excluded area salaries (see instructions)	25,118,047	4,274,128	29,392,175	699,467.00	42.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)	136,786,993	-2,797,936	133,989,057	4,643,452.00	28.86	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,083,926	0	2,083,926	26,768.00	77.85	4.00
5.00	Subtotal wage-related costs (see inst.)	40,693,542	0	40,693,542	0.00	30.37	5.00
6.00	Total (sum of lines 3 thru 5)	179,564,461	-2,797,936	176,766,525	4,670,220.00	37.85	6.00
7.00	Total overhead cost (see instructions)	54,004,090	-4,180,974	49,823,116	1,845,987.00	26.99	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2014 11:44 am
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		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	8,909,022	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	3,377,340	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	47,579	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)	23,786,292	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	290,328	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	864,520	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	714,237	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	11,656,584	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	259,728	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>	<b>49,905,630</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150074

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/27/2014 11:44 am
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.273818		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		67,905,221		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		13,792,199		5.00
6.00	Medicaid charges		166,985,444		6.00
7.00	Medicaid cost (line 1 times line 6)		45,723,620		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
				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	Uninsured patients	Insured patients	Total (col. 1 + col. 2)	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	34,529,657	6,683,917	41,213,574	21.00
22.00	Partial payment by patients approved for charity care	9,454,842	1,830,177	11,285,019	22.00
23.00	Cost of charity care (line 21 minus line 22)	0	0	0	23.00
				9,454,842	
				1,830,177	
				11,285,019	
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			17,523,309	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,176,517	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			16,346,792	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,476,046	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			15,761,065	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,761,065	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A  
Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	10,032,426	10,032,426	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	9,072,055	9,072,055	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,448,127	18,373,620	21,821,747	573,116	22,394,863	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	23,226,703	79,569,259	102,795,962	-37,587,475	65,208,487	5.00
7.00 00700 OPERATION OF PLANT	4,810,871	2,934,507	7,745,378	-82,247	7,663,131	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	732,647	732,647	-100	732,547	8.00
9.00 00900 HOUSEKEEPING	1,546,610	872,886	2,419,496	-23,465	2,396,031	9.00
10.00 01000 DIETARY	1,440,373	821,397	2,261,770	-1,066,641	1,195,129	10.00
11.00 01100 CAFETERIA	0	0	0	1,748,261	1,748,261	11.00
13.00 01300 NURSING ADMINISTRATION	5,971,701	-2,440,340	3,531,361	-56,084	3,475,277	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,466,311	-855,093	1,611,218	1,889,217	3,500,435	14.00
15.00 01500 PHARMACY	3,621,884	11,523,039	15,144,923	-7,700,717	7,444,206	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,213,804	-1,591,107	2,622,697	40,694	2,663,391	16.00
17.00 01700 SOCIAL SERVICE	2,824,596	-191,606	2,632,990	-1,220	2,631,770	17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	874,634	303,676	1,178,310	-38,591	1,139,719	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	2,351,144	4,095,351	6,446,495	-4,097,010	2,349,485	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	3,863,702	3,863,702	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	399,621	-42,880	356,741	128,702	485,443	23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	151,262	-66,496	84,766	119,677	204,443	23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	178,573	178,573	23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	183,157	183,157	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	23,755,771	3,110,449	26,866,220	-3,893,564	22,972,656	30.00
31.00 03100 INTENSIVE CARE UNIT	2,227,807	640,389	2,868,196	-132,984	2,735,212	31.00
32.00 03200 CORONARY CARE UNIT	2,944,555	622,477	3,567,032	-72,090	3,494,942	32.00
43.00 04300 NURSERY	0	0	0	2,125,603	2,125,603	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,717,833	10,406,980	12,124,813	-8,502,395	3,622,418	50.00
51.00 05100 RECOVERY ROOM	855,842	358,738	1,214,580	-64,655	1,149,925	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,011,530	1,011,530	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,782,990	1,665,728	4,448,718	-1,775,709	2,673,009	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,207,568	3,549,643	4,757,211	-1,108,847	3,648,364	55.00
57.00 05700 CT SCAN	757,664	743,181	1,500,845	381,875	1,882,720	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	485,334	700,662	1,185,996	-45,859	1,140,137	58.00
59.00 05900 CARDIAC CATHETERIZATION	544,041	2,410,236	2,954,277	-2,135,060	819,217	59.00
60.00 06000 LABORATORY	0	8,446,948	8,446,948	-9,455	8,437,493	60.00
64.00 06400 INTRAVENOUS THERAPY	301,056	92,444	393,500	-61,034	332,466	64.00
65.00 06500 RESPIRATORY THERAPY	2,183,315	517,192	2,700,507	-199,608	2,500,899	65.00
66.00 06600 PHYSICAL THERAPY	3,496,029	1,248,277	4,744,306	-1,201,944	3,542,362	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	962,895	962,895	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	147,877	147,877	68.00
69.00 06900 ELECTROCARDIOLOGY	905,962	422,397	1,328,359	-123,166	1,205,193	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,233,169	-52,955	1,180,214	-168,607	1,011,607	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,736,581	5,736,581	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,424,380	10,424,380	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	41,261,039	41,261,039	73.00
74.00 07400 RENAL DIALYSIS	0	726,723	726,723	-503	726,220	74.00
76.00 03330 ENDOSCOPY	334,950	215,930	550,880	-157,546	393,334	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,500,274	5,941,429	19,441,703	-312,529	19,129,174	76.01
76.02 03950 NEUROPSYCHIATRIC SERVICES	741,239	181,433	922,672	-1,546	921,126	76.02
76.03 03951 LUTHERWOOD PARTNERSHIP	4,966,387	3,076,785	8,043,172	-198,692	7,844,480	76.03
76.04 03952 WOUND CARE CENTER	372,981	1,642,497	2,015,478	-1,175,291	840,187	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	5,837,767	44,907,018	50,744,785	-27,856,248	22,888,537	76.05
76.06 03953 IMAGING CENTERS	1,391,257	2,494,170	3,885,427	-331,504	3,553,923	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	1,823,288	1,823,288	-1,112	1,822,176	76.07
76.97 07697 CARDIAC REHABILITATION	190,063	46,141	236,204	-6,763	229,441	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	745,035	745,035	76.98
<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 04950 DIABETIC CARE CENTER	359,023	3,800	362,823	-3,981	358,842	90.01
90.02 04951 HEALTHY HEARTS CENTER	870,323	197,615	1,067,938	-1,794	1,066,144	90.02
90.04 04953 PALLIATIVE CARE	466,619	-207,386	259,233	-243	258,990	90.04
90.05 04954 INFUSION CENTERS	250,016	4,551,120	4,801,136	-4,440,882	360,254	90.05
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	926,168	856,783	1,782,951	-218,808	1,564,143	90.12
91.00 09100 EMERGENCY	6,302,266	3,119,225	9,421,491	-892,459	8,529,032	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A  
Date/Time Prepared:  
5/27/2014 11:44 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	CAP REL COSTS-BLDG & FIXT	-994,951	9,037,475	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-52,599	9,019,456	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,930,538	26,325,401	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-39,318,136	25,890,351	5.00
7.00	00700	OPERATION OF PLANT	-950,278	6,712,853	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	732,547	8.00
9.00	00900	HOUSEKEEPING	-97	2,395,934	9.00
10.00	01000	DIETARY	-165,573	1,029,556	10.00
11.00	01100	CAFETERIA	0	1,748,261	11.00
13.00	01300	NURSING ADMINISTRATION	-80,132	3,395,145	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,500,435	14.00
15.00	01500	PHARMACY	-2,109,834	5,334,372	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-243,527	2,419,864	16.00
17.00	01700	SOCIAL SERVICE	0	2,631,770	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,139,719	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-90,861	2,258,624	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-292,277	3,571,425	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	-367,766	117,677	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	204,443	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	178,573	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	183,157	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,388,693	21,583,963	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,735,212	31.00
32.00	03200	CORONARY CARE UNIT	72,608	3,567,550	32.00
43.00	04300	NURSERY	0	2,125,603	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-129,438	3,492,980	50.00
51.00	05100	RECOVERY ROOM	0	1,149,925	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,011,530	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-127,185	2,545,824	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-33,919	3,614,445	55.00
57.00	05700	CT SCAN	0	1,882,720	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,140,137	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,229	841,446	59.00
60.00	06000	LABORATORY	-1,138,281	7,299,212	60.00
64.00	06400	INTRAVENOUS THERAPY	0	332,466	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,500,899	65.00
66.00	06600	PHYSICAL THERAPY	-156,003	3,386,359	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	962,895	67.00
68.00	06800	SPEECH PATHOLOGY	0	147,877	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,205,193	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,215	1,018,822	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,736,581	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,424,380	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	41,261,039	73.00
74.00	07400	RENAL DIALYSIS	0	726,220	74.00
76.00	03330	ENDOSCOPY	0	393,334	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-10,030,394	9,098,780	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	-21,972	899,154	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	-711,486	7,132,994	76.03
76.04	03952	WOUND CARE CENTER	-615	839,572	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	-9,727	22,878,810	76.05
76.06	03953	IMAGING CENTERS	-150,715	3,403,208	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	1,822,176	76.07
76.97	07697	CARDIAC REHABILITATION	-19,589	209,852	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	745,035	76.98
<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	04950	DIABETIC CARE CENTER	116,810	475,652	90.01
90.02	04951	HEALTHY HEARTS CENTER	34,317	1,100,461	90.02
90.04	04953	PALLIATIVE CARE	329,860	588,850	90.04
90.05	04954	INFUSION CENTERS	-2	360,252	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	-117,515	1,446,628	90.12
91.00	09100	EMERGENCY	-35,571	8,493,461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A  
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-55,363,278	287,268,816	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-46,258	3,752,460	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	-22,631	17,533,545	194.01
194.02	07952 MEDCHECKS	-635,805	14,729,529	194.02
194.03	07953 SCHOOL BASED CLINICS	0	301,670	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	-227	1,075,114	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956 PAVILLIONS	0	2,917,132	194.06
194.07	07957 LI FE CHECK	-2,144	139,963	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	-20,403	3,256,530	194.08
194.09	07959 SURGERY CENTER EAST	-7,140	17,554,835	194.09
200.00	TOTAL (SUM OF LINES 118-199)	-56,097,886	348,529,594	200.00

RECLASSIFICATIONS

Provider CCN: 150074

Period:  
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To 12/31/2013

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - Labor and Delivery Salary</b>						
1.00	NURSERY	43.00		1,657,435	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00		788,738	2.00	
			0	2,446,173		
<b>B - Labor and Delivery Other</b>						
1.00	NURSERY	43.00	0	468,168	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	222,792	2.00	
	TOTALS		0	690,960		
<b>C - Chargeable Medical Supplies</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	920,961	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,736,581	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	
42.00		0.00	0	0	42.00	
	TOTALS		0	6,657,542		
<b>D - Depreciation Expense</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	15,192,654	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	

RECLASSIFICATIONS

Provider CCN: 150074

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To 12/31/2013

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
TOTALS			0	15,192,654		
<b>E - Radiology Support Salary</b>						
1.00	RADIOLOGY-THERAPEUTIC	55.00		240,621		1.00
2.00	CT SCAN	57.00		354,230		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		117,386		3.00
4.00	IMAGING CENTERS	76.06		99,885		4.00
			0	812,122		
<b>F - Radiology Support Other</b>						
1.00	RADIOLOGY-THERAPEUTIC	55.00		134,231		1.00
2.00	CT SCAN	57.00		197,608		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		65,484		3.00
4.00	IMAGING CENTERS	76.06		55,721		4.00
			0	453,044		
<b>G - Capital Insurance Costs</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		240,356		1.00
TOTALS			0	240,356		
<b>H - Implantable Device Recl class</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00		998,907		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		10,424,380		2.00
3.00						3.00
4.00						4.00
5.00						5.00
			0	11,423,287		
<b>I - Interest Expense</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		3,671,471		1.00
TOTALS			0	3,671,471		
<b>J - INTERNS AND RESIDENTS</b>						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,476,192	2,387,510		1.00
TOTALS			1,476,192	2,387,510		
<b>L - Allied Health Consulting Recl class</b>						
1.00	MEDICAL RECORDS & LIBRARY	16.00		40,694		1.00
2.00	EMS TRAINING-ALLIED HEALTH	23.00		46,546		2.00
3.00	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01		18,965		3.00
			0	106,205		
<b>M - Depreciation by CC</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		6,120,599		1.00
TOTALS			0	6,120,599		

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>N - Cafeteria Salary</b>					
1.00	CAFETERIA	11.00	958,424		1.00
			958,424	0	
<b>O - Cafeteria Recl ass</b>					
1.00	CAFETERIA	11.00		789,837	1.00
			0	789,837	
<b>P - Benefit Allocation</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,119,617	1.00
2.00		0.00	0	0	2.00
	<b>TOTALS</b>		0	1,119,617	
<b>R - Pharm Resident Costs</b>					
1.00	PHARMACY RESIDENCY-ALLIED HEALTH	23.02	143,162		1.00
			143,162	0	
<b>S - Pharmacy Residency Recl ass</b>					
1.00	PHARMACY RESIDENCY-ALLIED HEALTH	23.02		35,411	1.00
			0	35,411	
<b>T - Drugs Charges to Pat</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	41,261,039	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
	<b>TOTALS</b>		0	41,261,039	
<b>U - Therapy Salary</b>					
1.00	OCCUPATIONAL THERAPY	67.00		820,120	1.00
2.00	SPEECH PATHOLOGY	68.00		125,950	2.00
			0	946,070	
<b>V - Therapy Other</b>					
1.00	OCCUPATIONAL THERAPY	67.00	0	142,775	1.00
2.00	SPEECH PATHOLOGY	68.00	0	21,927	2.00
	<b>TOTALS</b>		0	164,702	
<b>W - Plant Operations Expense</b>					
1.00	OPERATION OF PLANT	7.00	0	274,399	1.00
2.00	DIETARY	10.00	0	6,898	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

RECLASSIFICATIONS

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
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
TOTALS			0	281,297		
X - Dietary Food Service Allocation						
1.00	DIETARY	10.00	0	706,992		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
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
TOTALS			0	706,992		
Y - ISC LLC Salary Recl ass						
1.00	SURGERY CENTER EAST	194.09	3,885,894	0		1.00
			3,885,894			
Z - Recl ass ISC LLC Other Expense						
1.00	SURGERY CENTER EAST	194.09	0	13,668,941		1.00
				13,668,941		
AA - HBOT SALARY						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	139,458	0		1.00
TOTALS			139,458	0		
AB - HBOT OTHER EXPENSE						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	0	605,577		1.00
TOTALS			0	605,577		
AC - Radiology School Allied Health						
1.00	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01	93,154	0		1.00
			93,154			

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
	AD - Radiology School Allied Health				
1.00	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01		7,558	1.00
			0	7,558	
	AE - EMS School Allied Health				
1.00	EMS TRAINING-ALLIED HEALTH	23.00	40,015	0	1.00
			40,015	0	
	AF - EMS School Allied Health				
1.00	EMS TRAINING-ALLIED HEALTH	23.00	0	60,922	1.00
				60,922	
	AI - PHARM RESIDENT COSTS BTH				
1.00	PHARMACY RESIDENCY-BTH ALLIED HEALTH	23.03	151,918	0	1.00
			151,918	0	
	AJ - PHARM RESIDENCY BTH				
1.00	PHARMACY RESIDENCY-BTH ALLIED HEALTH	23.03	0	31,239	1.00
			0	31,239	
500.00	Grand Total: Increases		6,888,217	109,881,125	500.00

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Worksheet A-6  
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5/27/2014 11:44 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
<b>A - Labor and Delivery Salary</b>							
1.00	ADULTS & PEDIATRICS	30.00		2,446,173			1.00
2.00			0	2,446,173			2.00
<b>B - Labor and Delivery Other</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	690,960	0		1.00
2.00		0.00	0	0	0		2.00
<b>TOTALS</b>			0	690,960			
<b>C - Chargeable Medical Supplies</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,327	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,182,271	0		2.00
3.00	OPERATION OF PLANT	7.00	0	85,610	0		3.00
4.00	DIETARY	10.00	0	710	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	1,943	0		5.00
6.00	PHARMACY	15.00	0	158,698	0		6.00
7.00	NONPHYSICIAN ANESTHETISTS	19.00	0	29,397	0		7.00
8.00	EMS TRAINING-ALLIED HEALTH	23.00	0	1,292	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	313,005	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	88,543	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	34,358	0		11.00
12.00	OPERATING ROOM	50.00	0	1,642,521	0		12.00
13.00	RECOVERY ROOM	51.00	0	61,723	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,107	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	523,608	0		15.00
16.00	CT SCAN	57.00	0	100,692	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	3,705	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	346,762	0		18.00
19.00	LABORATORY	60.00	0	499	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	61,034	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	120,396	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	8,180	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	2,149	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	39,002	0		24.00
25.00	ENDOSCOPY	76.00	0	135,762	0		25.00
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	1,414	0		26.00
27.00	LUTHERWOOD PARTNERSHIP	76.03	0	441	0		27.00
28.00	WOUND CARE CENTER	76.04	0	65,467	0		28.00
29.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	69,411	0		29.00
30.00	IMAGING CENTERS	76.06	0	10,270	0		30.00
31.00	BREAST DIAGNOSTIC CENTER	76.07	0	1,112	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	1,284	0		32.00
33.00	DIABETIC CARE CENTER	90.01	0	275	0		33.00
34.00	HEALTHY HEARTS CENTER	90.02	0	273	0		34.00
35.00	INFUSION CENTERS	90.05	0	429	0		35.00
36.00	FAMILY PRACTICE AND MATERNITY CARE	90.12	0	2,764	0		36.00
37.00	EMERGENCY	91.00	0	392,279	0		37.00
38.00	OCCUPATIONAL HEALTH ONSITE SVCS	194.01	0	8,310	0		38.00
39.00	MEDCHECKS	194.02	0	59,148	0		39.00
40.00	SCHOOL BASED CLINICS	194.03	0	5	0		40.00
41.00	OCCUPATIONAL HEALTH CLINICS	194.04	0	739	0		41.00
42.00	GROUP HOMES AND MIS. N_R	194.08	0	76,627	0		42.00
<b>CTRS</b>							
<b>TOTALS</b>			0	6,657,542			
<b>D - Depreciation Expense</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34,480	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	10,399,217	0		2.00
3.00	OPERATION OF PLANT	7.00	0	267,220	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	100	0		4.00
5.00	HOUSEKEEPING	9.00	0	14,948	0		5.00
6.00	DIETARY	10.00	0	31,560	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	49,903	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	22,126	0		8.00
9.00	PHARMACY	15.00	0	69,882	0		9.00
10.00	SOCIAL SERVICE	17.00	0	56	0		10.00
11.00	NONPHYSICIAN ANESTHETISTS	19.00	0	8,840	0		11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2,207	0		12.00
13.00	EMS TRAINING-ALLIED HEALTH	23.00	0	14,568	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	252,309	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	35,586	0		15.00

RECLASSIFICATIONS

Provider CCN: 150074

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

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
16.00	CORONARY CARE UNIT	32.00	0	28,275	0		16.00
17.00	OPERATING ROOM	50.00	0	355,837	0		17.00
18.00	RECOVERY ROOM	51.00	0	1,432	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	373,868	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	486,079	0		20.00
21.00	CT SCAN	57.00	0	67,528	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	223,853	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	143,827	0		23.00
24.00	LABORATORY	60.00	0	7,458	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	68,450	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	74,048	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	15,050	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	124,183	0		28.00
29.00	RENAL DIALYSIS	74.00	0	503	0		29.00
30.00	ENDOSCOPY	76.00	0	21,784	0		30.00
31.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	117,432	0		31.00
32.00	NEUROPSYCHIATRIC SERVICES	76.02	0	1,329	0		32.00
33.00	LUTHERWOOD PARTNERSHIP	76.03	0	3,297	0		33.00
34.00	WOUND CARE CENTER	76.04	0	22,874	0		34.00
35.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	304,776	0		35.00
36.00	IMAGING CENTERS	76.06	0	473,229	0		36.00
37.00	CARDIAC REHABILITATION	76.97	0	3,478	0		37.00
38.00	DIABETIC CARE CENTER	90.01	0	3,111	0		38.00
39.00	HEALTHY HEARTS CENTER	90.02	0	1,324	0		39.00
40.00	INFUSION CENTERS	90.05	0	1,170	0		40.00
41.00	FAMILY PRACTICE AND MATERNITY CARE	90.12	0	101,046	0		41.00
42.00	EMERGENCY	91.00	0	413,184	0		42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	30,504	0		43.00
44.00	OCCUPATIONAL HEALTH ONSITE SVCS	194.01	0	22,651	0		44.00
45.00	MEDCHECKS	194.02	0	216,167	0		45.00
46.00	SCHOOL BASED CLINICS	194.03	0	799	0		46.00
47.00	OCCUPATIONAL HEALTH CLINICS	194.04	0	22,378	0		47.00
48.00	PAVILLIONS	194.06	0	224,431	0		48.00
49.00	LIFECHECK	194.07	0	1,450	0		49.00
50.00	GROUP HOMES AND MISC. N_R CTRS	194.08	0	32,847	0		50.00
TOTALS			0	15,192,654			
E - Radiology Support Salary							
1.00	RADIOLOGY-DIAGNOSTIC	54.00		812,122			1.00
2.00							2.00
3.00							3.00
4.00			0	812,122			4.00
F - Radiology Support Other							
1.00	RADIOLOGY-DIAGNOSTIC	54.00		453,044			1.00
2.00							2.00
3.00							3.00
4.00			0	453,044			4.00
G - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	240,356	12		1.00
TOTALS			0	240,356			
H - Implantable Device Recl ass							
1.00	ADMINISTRATIVE & GENERAL	5.00		2,962,488			1.00
2.00	OPERATING ROOM	50.00		6,463,383			2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00		220,065			3.00
4.00	CARDIAC CATHETERIZATION	59.00		1,639,037			4.00
5.00	WOUND CARE CENTER	76.04		138,314			5.00
TOTALS			0	11,423,287			
I - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,671,471	11		1.00
TOTALS			0	3,671,471			
J - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,476,192	2,387,510	0		1.00
TOTALS			1,476,192	2,387,510			
L - Allied Health Consulting Recl ass							
1.00	ADMINISTRATIVE & GENERAL	5.00		106,205			1.00
2.00							2.00
3.00							3.00

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	
			0	106,205		
	M - Depreciation by CC					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,120,599	9	1.00
	TOTALS		0	6,120,599		
	N - Cafeteria Salary					
1.00	DIETARY	10.00	958,424			1.00
			958,424	0		
	O - Cafeteria Recl ass					
1.00	DIETARY	10.00		789,837		1.00
			0	789,837		
	P - Benefit Allocation					
1.00	I & R SERVICES-SALARY & FRINGES APPRVD	21.00	0	181,682	0	1.00
2.00	OCCUPATIONAL HEALTH ONSITE SVCS	194.01	0	937,935	0	2.00
	TOTALS		0	1,119,617		
	R - Pharm Resident Costs					
1.00	PHARMACY	15.00	143,162			1.00
			143,162	0		
	S - Pharmacy Residency Recl ass					
1.00	PHARMACY	15.00		35,411		1.00
			0	35,411		
	T - Drugs Charges to Pat					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	317,810	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	375,525	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,011	0	3.00
4.00	PHARMACY	15.00	0	7,293,057	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,445	0	5.00
6.00	OPERATING ROOM	50.00	0	510	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,104	0	7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	241,500	0	8.00
9.00	RESPIRATORY THERAPY	65.00	0	1,124	0	9.00
10.00	PHYSICAL THERAPY	66.00	0	4,866	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	84,727	0	11.00
12.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	72,478	0	12.00
13.00	LUTHERWOOD PARTNERSHIP	76.03	0	11,652	0	13.00
14.00	WOUND CARE CENTER	76.04	0	203,150	0	14.00
15.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	27,458,098	0	15.00
16.00	IMAGING CENTERS	76.06	0	49	0	16.00
17.00	CARDIAC REHABILITATION	76.97	0	42	0	17.00
18.00	HEALTHY HEARTS CENTER	90.02	0	11	0	18.00
19.00	FAMILY PRACTICE AND MATERNITY CARE	90.12	0	113,082	0	19.00
20.00	INFUSION CENTERS	90.05	0	4,438,557	0	20.00
21.00	EMERGENCY	91.00	0	540	0	21.00
22.00	OCCUPATIONAL HEALTH ONSITE SVCS	194.01	0	330,554	0	22.00
23.00	MEDCHECKS	194.02	0	246,967	0	23.00
24.00	OCCUPATIONAL HEALTH CLINICS	194.04	0	52,180	0	24.00
	TOTALS		0	41,261,039		
	U - Therapy Salary					
1.00	PHYSICAL THERAPY	66.00		946,070		1.00
2.00						2.00
			0	946,070		
	V - Therapy Other					
1.00	PHYSICAL THERAPY	66.00	0	164,702	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	164,702		
	W - Plant Operations Expense					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,836	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	24,451	0	2.00
3.00	HOUSEKEEPING	9.00	0	7,894	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,244	0	4.00
5.00	PHARMACY	15.00	0	104	0	5.00
6.00	SOCIAL SERVICE	17.00	0	741	0	6.00
7.00	NONPHYSICIAN ANESTHETISTS	19.00	0	354	0	7.00
8.00	I & R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,845	0	8.00
9.00	EMS TRAINING-ALLIED HEALTH	23.00	0	2,921	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	23,224	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	2,906	0	11.00
12.00	CORONARY CARE UNIT	32.00	0	2,057	0	12.00
13.00	OPERATING ROOM	50.00	0	39,641	0	13.00

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		
14.00	RECOVERY ROOM	51.00	0	285	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,715	0	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,555	0	16.00	
17.00	CT SCAN	57.00	0	1,728	0	17.00	
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,010	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	4,062	0	19.00	
20.00	LABORATORY	60.00	0	1,480	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	9,638	0	21.00	
22.00	PHYSICAL THERAPY	66.00	0	1,612	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	20,747	0	23.00	
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,984	0	24.00	
25.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	30,517	0	25.00	
26.00	LUTHERWOOD PARTNERSHIP	76.03	0	63,539	0	26.00	
27.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	3,485	0	27.00	
28.00	IMAGING CENTERS	76.06	0	1,802	0	28.00	
29.00	CARDIAC REHABILITATION	76.97	0	1,698	0	29.00	
30.00	HEALTHY HEARTS CENTER	90.02	0	31	0	30.00	
31.00	INFUSION CENTERS	90.05	0	726	0	31.00	
32.00	FAMILY PRACTICE AND MATERNITY CARE	90.12	0	873	0	32.00	
33.00	EMERGENCY	91.00	0	9,592	0	33.00	
	TOTALS		0	281,297			
X - Dietary Food Service Allocation							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	891	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	70,656	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	3,816	0	3.00	
4.00	HOUSEKEEPING	9.00	0	623	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	4,238	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	270	0	6.00	
7.00	PHARMACY	15.00	0	403	0	7.00	
8.00	SOCIAL SERVICE	17.00	0	423	0	8.00	
9.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	47,574	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	166,448	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	5,949	0	11.00	
12.00	CORONARY CARE UNIT	32.00	0	7,400	0	12.00	
13.00	OPERATING ROOM	50.00	0	503	0	13.00	
14.00	RECOVERY ROOM	51.00	0	1,215	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,037	0	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,892	0	16.00	
17.00	CT SCAN	57.00	0	15	0	17.00	
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	161	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	1,372	0	19.00	
20.00	LABORATORY	60.00	0	18	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	2,466	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	493	0	22.00	
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,438	0	23.00	
24.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	90,688	0	24.00	
25.00	NEUROPSYCHIATRIC SERVICES	76.02	0	217	0	25.00	
26.00	LUTHERWOOD PARTNERSHIP	76.03	0	119,763	0	26.00	
27.00	WOUND CARE CENTER	76.04	0	451	0	27.00	
28.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	20,478	0	28.00	
29.00	IMAGING CENTERS	76.06	0	1,760	0	29.00	
30.00	CARDIAC REHABILITATION	76.97	0	261	0	30.00	
31.00	HEALTHY HEARTS CENTER	90.02	0	155	0	31.00	
32.00	FAMILY PRACTICE AND MATERNITY CARE	90.12	0	1,043	0	32.00	
33.00	PALLIATIVE CARE	90.04	0	243	0	33.00	
34.00	DIABETIC CARE CENTER	90.01	0	595	0	34.00	
35.00	EMERGENCY	91.00	0	15,942	0	35.00	
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	72,750	0	36.00	
37.00	OCCUPATIONAL HEALTH ONSITE SVCS	194.01	0	340	0	37.00	
38.00	MEDCHECKS	194.02	0	10,176	0	38.00	
39.00	SCHOOL BASED CLINICS	194.03	0	12	0	39.00	
40.00	OCCUPATIONAL HEALTH CLINICS	194.04	0	125	0	40.00	
41.00	PAVILLIONS	194.06	0	1,140	0	41.00	
42.00	GROUP HOMES AND MISCL. N_R CTRS	194.08	0	44,552	0	42.00	
	TOTALS		0	706,992			

RECLASSIFICATIONS

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To 12/31/2013

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	Y - ISC LLC Salary Recl ass						
1.00	ADMINISTRATIVE & GENERAL	5.00	3,885,894			1.00	
			3,885,894	0			
	Z - Recl ass ISC LLC Other Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00		13,668,941		1.00	
			0	13,668,941			
	AA - HBOT SALARY						
1.00	WOUND CARE CENTER	76.04	139,458	0	0	1.00	
	TOTALS		139,458	0			
	AB - HBOT OTHER EXPENSE						
1.00	WOUND CARE CENTER	76.04	0	605,577	0	1.00	
	TOTALS		0	605,577			
	AC - Radiology School Allied Health						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	93,154			1.00	
			93,154	0			
	AD - Radiology School Allied Health						
1.00	RADIOLOGY-DIAGNOSTIC	54.00		7,558		1.00	
			0	7,558			
	AE - EMS School Allied Health						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	40,015			1.00	
			40,015	0			
	AF - EMS School Allied Health						
1.00	EMERGENCY	91.00		60,922		1.00	
			0	60,922			
	AI - PHARM RESIDENT COSTS BTH						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	151,918			1.00	
			151,918	0			
	AJ - PHARM RESIDENCY BTH						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		31,239		1.00	
			0	31,239			
500.00	Grand Total: Decreases		6,888,217	109,881,125		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150074

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/27/2014 11:44 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,210,934	221,874	0	221,874	0	1.00
2.00	Land Improvements	4,080,045	0	0	0	0	2.00
3.00	Buildings and Fixtures	173,475,420	1,339,191	0	1,339,191	2,573,870	3.00
4.00	Building Improvements	14,626,880	957,654	0	957,654	61,875	4.00
5.00	Fixed Equipment	14,265,239	0	0	0	0	5.00
6.00	Movable Equipment	249,676,221	19,915,099	0	19,915,099	13,538,832	6.00
7.00	HIT designated Assets	516,000	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	458,850,739	22,433,818	0	22,433,818	16,174,577	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	458,850,739	22,433,818	0	22,433,818	16,174,577	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	2,432,808	0				1.00
2.00	Land Improvements	4,080,045	0				2.00
3.00	Buildings and Fixtures	172,240,741	0				3.00
4.00	Building Improvements	15,522,659	0				4.00
5.00	Fixed Equipment	14,265,239	0				5.00
6.00	Movable Equipment	256,052,488	0				6.00
7.00	HIT designated Assets	516,000	0				7.00
8.00	Subtotal (sum of lines 1-7)	465,109,980	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	465,109,980	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150074

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	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	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150074

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	226,947,847	0	226,947,847	0.469269	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	256,672,314	0	256,672,314	0.530731	0	2.00
3.00	Total (sum of lines 1-2)	483,620,161	0	483,620,161	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,472,917	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,045,294	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,518,211	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,324,202	240,356	0	0	9,037,475	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-25,838	0	0	0	9,019,456	2.00
3.00	Total (sum of lines 1-2)	2,298,364	240,356	0	0	18,056,931	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			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)	A	-37,600		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-26,761		CAP REL COSTS-MVBLE EQUIP	2.00	9	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,415,199				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	-1,343,229				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			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		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist	A	-1,139,719		NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 Misc Revenue 35000	B	-68,411		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01 MISC REVENUE 35000	B	-832,494		ADMINISTRATIVE & GENERAL	5.00	0	33.01

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.02	MI SC REVENUE 35000	B	-966,555	OPERATION OF PLANT	7.00	0 33.02
33.03	MI SC REVENUE 35000	B	-97	HOUSEKEEPING	9.00	0 33.03
33.04	MI SC REVENUE 35000	B	-351	DIETARY	10.00	0 33.04
33.05	MI SC REVENUE 35000	B	-87,176	NURSING ADMINISTRATION	13.00	0 33.05
33.06	MI SC REVENUE 35000	B	-43,468	PHARMACY	15.00	0 33.06
33.07	MI SC REVENUE 35000	B	-243,527	MEDICAL RECORDS & LIBRARY	16.00	0 33.07
33.08	MI SC REVENUE 35000	B	-10,175	ADULTS & PEDIATRICS	30.00	0 33.08
33.09	MI SC REVENUE 35000	B	-15,722	RADIOLOGY-DIAGNOSTIC	54.00	0 33.09
33.10	MI SC REVENUE 35000	B	-33,919	RADIOLOGY-THERAPEUTIC	55.00	0 33.10
33.11	MI SC REVENUE 35000	B	-110,635	PHYSICAL THERAPY	66.00	0 33.11
33.12	MI SC REVENUE 35000	B	-4,549	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 33.12
33.13	MI SC REVENUE 35000	B	-1,750	NEUROPSYCHIATRIC SERVICES	76.02	0 33.13
33.14	MI SC REVENUE 35000	B	-3,800	LUTHERWOOD PARTNERSHIP	76.03	0 33.14
33.15	MI SC REVENUE 35000	B	-49,215	IMAGING CENTERS	76.06	0 33.15
33.16	MI SC REVENUE 35000	B	-19,589	CARDIAC REHABILITATION	76.97	0 33.16
33.17			0		0.00	0 33.17
33.18	MI SC REVENUE 35000	B	-4,364	EMERGENCY	91.00	0 33.18
33.19	Misc Rev MACL	B	-15,150	ADMINISTRATIVE & GENERAL	5.00	0 33.19
33.20	Misc Rev MACL	B	-21,740	OPERATION OF PLANT	7.00	0 33.20
33.21	Misc Rev MACL	B	-1,759,235	PHARMACY	15.00	0 33.21
33.22	Misc Rev MACL	B	-647,129	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 33.22
33.23	Misc Revenue - Acct 35200	B	-3,397	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.23
33.24	Misc Revenue - Acct 35200	B	-32,784	DIETARY	10.00	0 33.24
33.25	Misc Revenue - Acct 35200	B	-111,463	RADIOLOGY-DIAGNOSTIC	54.00	0 33.25
33.26	Misc Revenue - Acct 35200	B	-450	DIABETIC CARE CENTER	90.01	0 33.26
33.27	Misc Revenue - Acct 35200	B	-500	ADULTS & PEDIATRICS	30.00	0 33.27
33.28	Outside Corp Revenue	B	-1,282	LABORATORY	60.00	0 33.28
33.29	Leased Equipment CBI	B	-5,281,625	ADMINISTRATIVE & GENERAL	5.00	0 33.29
33.30	Space Rental Revenue CBI	B	-968,495	ADMINISTRATIVE & GENERAL	5.00	0 33.30
33.31	CMH Subsidy	B	-6,356	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 33.31
33.32	Purchased Discounts	B	-73,998	ADMINISTRATIVE & GENERAL	5.00	0 33.32
33.33	Oper Fund Interest Income	B	-541,274	ADMINISTRATIVE & GENERAL	5.00	0 33.33
33.34	Trustee Fund Interest Income	B	-94,082	ADMINISTRATIVE & GENERAL	5.00	0 33.34
33.35	Space Rental Income IHH and OLI	B	-33,000	DIETARY	10.00	0 33.35
33.36	Space Rental Income IHH and OLI	B	-101,500	IMAGING CENTERS	76.06	0 33.36
34.00	HAF Tax Offset	A	-12,883,696	ADMINISTRATIVE & GENERAL	5.00	0 34.00
34.01	00 Non-Allow Interest Expense	A	-6,460	CAP REL COSTS-BLDG & FIXT	1.00	11 34.01
34.02	00 Non-Allow Interest Expense	A	-62,916	ADMINISTRATIVE & GENERAL	5.00	0 34.02
34.03	LOC Non-Allow Interest Expense	A	-83,126	CAP REL COSTS-BLDG & FIXT	1.00	11 34.03
34.04	12A Non-Allow Interest Expense	A	-1,183,180	CAP REL COSTS-BLDG & FIXT	1.00	11 34.04
34.05	12A Non-Allow Interest Expense	A	-55,209	ADMINISTRATIVE & GENERAL	5.00	0 34.05
34.06	12B Non-Allow Interest Expense	A	-56,406	CAP REL COSTS-BLDG & FIXT	1.00	11 34.06
34.07	12B Non-Allow Interest Expense	A	-929	ADMINISTRATIVE & GENERAL	5.00	0 34.07
34.08	50 BMO Loan Non-Allow Interest Expense	A	-18,097	CAP REL COSTS-BLDG & FIXT	1.00	11 34.08
36.00	Board of Directors Meeting Expense	A	-38,539	ADMINISTRATIVE & GENERAL	5.00	0 36.00
36.01	Corporate Sponsorship	A	-13,936	ADMINISTRATIVE & GENERAL	5.00	0 36.01
36.02	Non Allow Marketing Expense	A	-1,729,449	ADMINISTRATIVE & GENERAL	5.00	0 36.02
36.03	A-8 Allied Health Program Expense -CHS	A	-59,896	EMS TRAINING-ALLIED HEALTH	23.00	0 36.03
36.04	A-8 Allied Health Program Expense -CHN	A	-51,640	EMS TRAINING-ALLIED HEALTH	23.00	0 36.04
36.05	A-8 Allied Health Program Expense -CHRH	A	-57,404	EMS TRAINING-ALLIED HEALTH	23.00	0 36.05
36.06	A-8 Allied Health Program Expense -CH&V	A	-9,528	EMS TRAINING-ALLIED HEALTH	23.00	0 36.06
36.07	A-8 Allied Health Program Expense -CH&V	A	-183,967	EMS TRAINING-ALLIED HEALTH	23.00	0 36.07
36.08	Patient Phone Cost - Depreciation	A	-25,838	CAP REL COSTS-MVBLE EQUIP	2.00	11 36.08
36.09	Pharmacy Residency	A	-307,131	PHARMACY	15.00	0 36.09
36.10	Depreciation Carryforward	A	352,318	CAP REL COSTS-BLDG & FIXT	1.00	9 36.10
36.11	Meals on Wheels Cost	A	-99,438	DIETARY	10.00	0 36.11
36.12	TIHH MEDICAL DIRECTOR ONSET	A	72,608	CORONARY CARE UNIT	32.00	0 36.12

Provider CCN: 150074

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

Worksheet A-8

Date/Time Prepared:  
 5/27/2014 11:44 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	
36.13 TI HH MEDICAL DIRECTOR ONSET	A	22,229	CARDIAC CATHETERIZATION	59.00	0 36.13
36.14 TI HH MEDICAL DIRECTOR ONSET	A	34,317	HEALTHY HEARTS CENTER	90.02	0 36.14
36.15 GALLAHUE PROFESSIONAL BILLING OFFSET	A	-1,244,152	ADULTS & PEDIATRICS	30.00	0 36.15
36.16 GALLAHUE PROFESSIONAL BILLING OFFSET	A	-7,512,107	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 36.16
36.17 GALLAHUE PROFESSIONAL BILLING OFFSET	A	-699,304	LUTHERWOOD PARTNERSHIP	76.03	0 36.17
36.18 PALLIATIVE CARE INNERHOSPITAL ALLOCAT	A	329,860	PALLIATIVE CARE	90.04	0 36.18
36.19 DIABETIC CARE INNERHOSPITAL ALLOCAT	A	122,587	DIABETIC CARE CENTER	90.01	0 36.19
36.20 PENSION EXPENSE	A	4,002,623	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 36.20
38.00 Bad Debt Expense	A	-277	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.00
38.01 Bad Debt Expense	A	-16,474,511	ADMINISTRATIVE & GENERAL	5.00	0 38.01
38.02 Bad Debt Expense	A	-112,804	ADULTS & PEDIATRICS	30.00	0 38.02
38.03 Bad Debt Expense	A	-45,368	PHYSICAL THERAPY	66.00	0 38.03
38.04 Bad Debt Expense	A	-10,721	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 38.04
38.05 Bad Debt Expense	A	-20,222	NEUROPSYCHIATRIC SERVICES	76.02	0 38.05
38.06 Bad Debt Expense	A	-117,515	FAMILY PRACTICE AND MATERNITY CARE	90.12	0 38.06
38.07 Bad Debt Expense	A	-2	INFUSION CENTERS	90.05	0 38.07
38.08 Bad Debt Expense	A	-5,327	DIABETIC CARE CENTER	90.01	0 38.08
38.09 Bad Debt Expense	A	-25,218	PHYSICIANS' PRIVATE OFFICES	192.00	0 38.09
38.10 Bad Debt Expense	A	-22,631	OCCUPATIONAL HEALTH ONSITE SVCS	194.01	0 38.10
38.11 Bad Debt Expense	A	-635,805	MEDCHECKS	194.02	0 38.11
38.12 Bad Debt Expense	A	-227	OCCUPATIONAL HEALTH CLINICS	194.04	0 38.12
38.13 Bad Debt Expense	A	-2,144	LIFECHECK	194.07	0 38.13
38.14 Bad Debt Expense	A	-20,403	GROUP HOMES AND MISC. N_R CTRS	194.08	0 38.14
38.15 Bad Debt Expense	A	-7,140	SURGERY CENTER EAST	194.09	0 38.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-56,097,886			50.00

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

Provider CCN: 150074

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

Worksheet A-8-1

Date/Time Prepared:  
5/27/2014 11:44 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	60.00	LABORATORY	PURCHASED LAB SERVICES	4,357,398	5,457,993 1.00
2.00	76.05	ONCOLOGY-CANCER CARE CENTER	SPACE RENTAL	70,331	55,469 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	SPACE RENTAL	195,493	148,626 3.00
3.01	7.00	OPERATION OF PLANT	SPACE RENTAL	159,483	121,466 3.01
3.02	13.00	NURSING ADMINISTRATION	SPACE RENTAL	29,549	22,505 3.02
3.03	70.00	ELECTROENCEPHALOGRAPHY	SPACE RENTAL	93,715	72,162 3.03
3.04	76.05	ONCOLOGY-CANCER CARE CENTER	SPACE RENTAL	142,305	109,104 3.04
3.05	192.00	PHYSICIANS' PRIVATE OFFICES	SPACE RENTAL	48,702	69,742 3.05
3.06	22.00	I&R SERVICES-OTHER PRGM COST	INTERNS AND RESIDENTS	4,446,377	4,738,654 3.06
3.07	21.00	I&R SERVICES-SALARY & FRINGE	INTERNS AND RESIDENTS	1,385,331	1,476,192 3.07
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			10,928,684	12,271,913 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.

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

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

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

6.00	B	CHNW	100.00		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: 150074

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

Worksheet A-8-1

Date/Time Prepared:  
5/27/2014 11:44 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	-1,100,595	0		1.00
2.00	14,862	0		2.00
3.00	46,867	0		3.00
3.01	38,017	0		3.01
3.02	7,044	0		3.02
3.03	21,553	0		3.03
3.04	33,201	0		3.04
3.05	-21,040	0		3.05
3.06	-292,277	0		3.06
3.07	-90,861	0		3.07
4.00	0	0		4.00
5.00	-1,343,229			5.00

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

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

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

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

6.00			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: 150074

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

Worksheet A-8-2

Date/Time Prepared:  
5/27/2014 11:44 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	30.00	DR. A	32,230	0	32,230	177,200	322	1.00
2.00	30.00	DR. B	26,309	0	26,309	177,200	264	2.00
3.00	30.00	DR. C	18,750	0	18,750	177,200	74	3.00
4.00	76.05	DR. D	84,804	0	84,804	177,200	400	4.00
5.00	76.05	DR. E	50,000	0	50,000	177,200	504	5.00
6.00	50.00	DR. F	30,000	0	30,000	177,200	600	6.00
7.00	50.00	DR. G	129,438	129,438	0	0	0	7.00
8.00	5.00	DR. H	25,000	0	25,000	177,200	250	8.00
9.00	91.00	EMERGENCY	209,600	0	209,600	177,200	2,094	9.00
10.00	23.00	DR. J	36,000	0	36,000	177,200	360	10.00
11.00	60.00	DR. K	125,004	0	125,004	177,200	1,040	11.00
12.00	70.00	DR. L	10,404	0	10,404	177,200	104	12.00
13.00	70.00	DR. M	86,400	0	86,400	177,200	864	13.00
14.00	76.04	DR. N	3,938	0	3,938	177,200	39	14.00
15.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,052,393	229,843	822,550	177,200	14,368	15.00
16.00	5.00	DR. O	83,161	0	83,161	177,200	759	16.00
17.00	5.00	DR. P	28,360	0	28,360	177,200	509	17.00
18.00	5.00	DR. Q	60,000	0	60,000	177,200	598	18.00
19.00	76.03	LUTHERWOOD PARTNERSHIP	8,382	8,382	0	0	0	19.00
20.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	1,849,532	1,849,532	0	0	0	20.00
200.00			3,949,705	2,217,195	1,732,510		23,149	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	30.00	DR. A	27,432	1,372	0	0	0	1.00
2.00	30.00	DR. B	22,491	1,125	0	0	0	2.00
3.00	30.00	DR. C	6,304	315	0	0	0	3.00
4.00	76.05	DR. D	34,077	1,704	0	0	0	4.00
5.00	76.05	DR. E	42,937	2,147	0	0	0	5.00
6.00	50.00	DR. F	51,115	2,556	0	0	0	6.00
7.00	50.00	DR. G	0	0	0	0	0	7.00
8.00	5.00	DR. H	21,298	1,065	0	0	0	8.00
9.00	91.00	EMERGENCY	178,393	8,920	0	0	0	9.00
10.00	23.00	DR. J	30,669	1,533	0	0	0	10.00
11.00	60.00	DR. K	88,600	4,430	0	0	0	11.00
12.00	70.00	DR. L	8,860	443	0	0	0	12.00
13.00	70.00	DR. M	73,606	3,680	0	0	0	13.00
14.00	76.04	DR. N	3,323	166	0	0	0	14.00
15.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,224,043	61,202	0	0	0	15.00
16.00	5.00	DR. O	64,661	3,233	0	0	0	16.00
17.00	5.00	DR. P	43,363	2,168	0	0	0	17.00
18.00	5.00	DR. Q	50,945	2,547	0	0	0	18.00
19.00	76.03	LUTHERWOOD PARTNERSHIP	0	0	0	0	0	19.00
20.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	0	0	0	0	0	20.00
200.00			1,972,117	98,606	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	30.00	DR. A	0	27,432	4,798	4,798		1.00
2.00	30.00	DR. B	0	22,491	3,818	3,818		2.00
3.00	30.00	DR. C	0	6,304	12,446	12,446		3.00
4.00	76.05	DR. D	0	34,077	50,727	50,727		4.00
5.00	76.05	DR. E	0	42,937	7,063	7,063		5.00
6.00	50.00	DR. F	0	51,115	0	0		6.00
7.00	50.00	DR. G	0	0	0	129,438		7.00
8.00	5.00	DR. H	0	21,298	3,702	3,702		8.00
9.00	91.00	EMERGENCY	0	178,393	31,207	31,207		9.00
10.00	23.00	DR. J	0	30,669	5,331	5,331		10.00
11.00	60.00	DR. K	0	88,600	36,404	36,404		11.00
12.00	70.00	DR. L	0	8,860	1,544	1,544		12.00
13.00	70.00	DR. M	0	73,606	12,794	12,794		13.00
14.00	76.04	DR. N	0	3,323	615	615		14.00
15.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	1,224,043	0	229,843		15.00
16.00	5.00	DR. O	0	64,661	18,500	18,500		16.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150074

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

Worksheet A-8-2

Date/Time Prepared:  
5/27/2014 11:44 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		
17.00	5.00	DR. P	0	43,363	0	0		17.00
18.00	5.00	DR. Q	0	50,945	9,055	9,055		18.00
19.00	76.03	LUTHERWOOD PARTNERSHIP	0	0	0	8,382		19.00
20.00	76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,849,532		20.00
200.00			0	1,972,117	198,004	2,415,199		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,037,475	9,037,475			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,019,456		9,019,456		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	26,325,401	137,456	4,509,730	30,972,587	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	25,890,351	1,847,984	3,093,881	3,731,674	5.00
7.00 00700	OPERATION OF PLANT	6,712,853	1,266,430	79,501	928,224	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	732,547	0	30	0	8.00
9.00 00900	HOUSEKEEPING	2,395,934	180,074	4,447	298,408	9.00
10.00 01000	DIETARY	1,029,556	361,326	3,099	92,989	10.00
11.00 01100	CAFETERIA	1,748,261	0	6,291	184,921	11.00
13.00 01300	NURSING ADMINISTRATION	3,395,145	124,698	14,847	1,152,198	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,500,435	42,811	6,583	475,857	14.00
15.00 01500	PHARMACY	5,334,372	103,225	20,791	671,195	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,419,864	310,104	0	813,024	16.00
17.00 01700	SOCIAL SERVICE	2,631,770	59,813	17	544,986	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	2,630	168,755	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,258,624	23,307	657	168,816	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,571,425	0	0	284,821	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	117,677	50,678	4,334	84,825	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	204,443	12,712	0	47,158	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	178,573	0	0	27,622	23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	183,157	0	0	29,312	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	21,583,963	1,533,609	53,153	4,583,560	30.00
31.00 03100	INTENSIVE CARE UNIT	2,735,212	137,139	10,587	429,840	31.00
32.00 03200	CORONARY CARE UNIT	3,567,550	181,014	8,412	568,131	32.00
43.00 04300	NURSERY	2,125,603	171,347	14,846	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	3,492,980	365,865	105,865	331,444	50.00
51.00 05100	RECOVERY ROOM	1,149,925	111,567	426	165,129	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,011,530	81,547	7,065	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,545,824	328,578	108,790	518,985	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,614,445	218,607	145,352	232,992	55.00
57.00 05700	CT SCAN	1,882,720	34,695	21,150	146,186	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,140,137	59,836	66,920	93,642	58.00
59.00 05900	CARDIAC CATHETERIZATION	841,446	62,021	42,790	104,969	59.00
60.00 06000	LABORATORY	7,299,212	109,892	2,219	0	60.00
64.00 06400	INTRAVENOUS THERAPY	332,466	6,679	0	58,087	64.00
65.00 06500	RESPIRATORY THERAPY	2,500,899	43,140	20,365	421,255	65.00
66.00 06600	PHYSICAL THERAPY	3,386,359	196,182	15,421	674,534	66.00
67.00 06700	OCCUPATIONAL THERAPY	962,895	48,958	5,728	0	67.00
68.00 06800	SPEECH PATHOLOGY	147,877	7,516	881	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,205,193	14,636	4,478	174,799	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,018,822	31,763	36,946	237,931	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,736,581	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,424,380	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	41,261,039	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	726,220	0	150	0	74.00
76.00 03330	ENDOSCOPY	393,334	0	6,481	64,626	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	9,098,780	73,035	34,937	2,604,783	76.01
76.02 03950	NEUROPSYCHIATRIC SERVICES	899,154	0	395	143,017	76.02
76.03 03951	LUTHERWOOD PARTNERSHIP	7,132,994	0	981	958,230	76.03
76.04 03952	WOUND CARE CENTER	839,572	39,053	4,261	45,057	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	22,878,810	20,002	90,674	1,126,356	76.05
76.06 03953	IMAGING CENTERS	3,403,208	1,075	141,112	268,433	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	1,822,176	29,499	0	0	76.07
76.97 07697	CARDIAC REHABILITATION	209,852	44,260	1,035	36,671	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	745,035	23,330	2,545	26,907	76.98
<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 04950	DIABETIC CARE CENTER	475,652	0	926	69,271	90.01
90.02 04951	HEALTHY HEARTS CENTER	1,100,461	56,610	394	167,923	90.02
90.04 04953	PALLIATIVE CARE	588,850	8,150	0	90,031	90.04
90.05 04954	INFUSION CENTERS	360,252	0	348	48,239	90.05
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	1,446,628	0	30,062	178,698	90.12
91.00 09100	EMERGENCY	8,493,461	325,805	122,927	1,215,978	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						0 92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0 98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	287,268,816	8,886,028	8,855,460	25,490,489	281,471,275 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
191.00 19100 RESEARCH	0	0	0	0	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,752,460	59,406	9,075	338,484	4,159,425	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	17,533,545	71,201	6,739	1,431,593	19,043,078	194.01
194.02 07952 MEDCHECKS	14,729,529	0	64,312	2,185,631	16,979,472	194.02
194.03 07953 SCHOOL BASED CLINICS	301,670	0	238	51,641	353,549	194.03
194.04 07954 OCCUPATIONAL HEALTH CLINICS	1,075,114	0	6,658	152,980	1,234,752	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.05
194.06 07956 PAVILLIONS	2,917,132	0	66,771	98,441	3,082,344	194.06
194.07 07957 LI FE CHECK	139,963	0	431	18,811	159,205	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	3,256,530	20,840	9,772	454,761	3,741,903	194.08
194.09 07959 SURGERY CENTER EAST	17,554,835	0	0	749,756	18,304,591	194.09
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers					0 201.00
202.00	TOTAL (sum lines 118-201)	348,529,594	9,037,475	9,019,456	30,972,587	348,529,594 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/27/2014 11:44 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	34,563,890				5.00
7.00	00700	OPERATION OF PLANT	989,362	9,976,370			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	80,648	0	813,225		8.00
9.00	00900	HOUSEKEEPING	316,928	310,510	0	3,506,301	9.00
10.00	01000	DIETARY	163,698	623,050	0	226,012	2,499,730
11.00	01100	CAFETERIA	213,513	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	515,970	215,022	0	78,000	0
14.00	01400	CENTRAL SERVICES & SUPPLY	443,180	73,821	0	26,779	0
15.00	01500	PHARMACY	674,794	177,995	0	64,568	0
16.00	01600	MEDICAL RECORDS & LIBRARY	390,041	534,726	0	193,972	0
17.00	01700	SOCIAL SERVICE	356,309	103,139	0	37,414	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	18,867	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	269,870	40,190	0	14,579	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	424,526	0	0	0	0
23.00	02300	EMS TRAINING-ALLIED HEALTH	28,349	87,387	0	31,700	0
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	29,098	21,920	0	7,951	0
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	22,700	0	0	0	0
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	23,390	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,055,414	2,644,467	345,288	959,285	1,953,911
31.00	03100	INTENSIVE CARE UNIT	364,697	236,474	39,176	85,781	126,819
32.00	03200	CORONARY CARE UNIT	476,142	312,130	67,090	113,225	277,338
43.00	04300	NURSERY	254,501	295,461	31,423	107,179	141,662
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	472,955	630,877	34,245	228,851	0
51.00	05100	RECOVERY ROOM	157,101	192,380	0	69,786	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	121,112	140,616	14,953	51,008	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	385,548	566,581	18,183	205,528	0
55.00	05500	RADIOLOGY-THERAPEUTIC	463,624	376,953	16,619	136,740	0
57.00	05700	CT SCAN	229,506	59,826	27,631	21,702	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	149,779	103,178	8,542	37,428	0
59.00	05900	CARDIAC CATHETERIZATION	115,727	106,945	5,518	38,794	0
60.00	06000	LABORATORY	815,898	189,491	0	68,738	0
64.00	06400	INTRAVENOUS THERAPY	43,730	11,516	0	4,178	0
65.00	06500	RESPIRATORY THERAPY	328,685	74,387	0	26,984	0
66.00	06600	PHYSICAL THERAPY	470,351	338,286	0	122,713	0
67.00	06700	OCCUPATIONAL THERAPY	112,023	84,420	0	30,623	0
68.00	06800	SPEECH PATHOLOGY	17,204	12,961	0	4,702	0
69.00	06900	ELECTROCARDIOLOGY	154,025	25,238	0	9,155	0
70.00	07000	ELECTROENCEPHALOGRAPHY	145,917	54,771	2,700	19,868	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	631,529	0	2,575	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,147,599	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,542,379	0	0	0	0
74.00	07400	RENAL DIALYSIS	79,965	0	0	0	0
76.00	03330	ENDOSCOPY	51,129	0	0	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,300,308	125,937	0	45,684	0
76.02	03950	NEUROPSYCHIATRIC SERVICES	114,774	0	0	0	0
76.03	03951	LUTHERWOOD PARTNERSHIP	890,855	0	0	0	0
76.04	03952	WOUND CARE CENTER	102,155	67,341	0	24,428	0
76.05	03480	ONCOLOGY-CANCER CARE CENTER	2,654,865	34,490	8,307	12,511	0
76.06	03953	IMAGING CENTERS	419,857	1,854	0	673	0
76.07	03954	BREAST DIAGNOSTIC CENTER	203,847	50,867	0	18,452	0
76.97	07697	CARDIAC REHABILITATION	32,126	76,320	0	27,685	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	87,830	40,229	0	14,593	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	60,091	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	145,909	97,615	1,670	35,410	0
90.04	04953	PALLIATIVE CARE	75,634	14,054	0	5,098	0
90.05	04954	INFUSION CENTERS	45,008	0	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	182,238	0	0	0	0
91.00	09100	EMERGENCY	1,118,293	561,799	187,348	203,793	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,181,573	9,715,224	811,268	3,411,570	2,499,730

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B  
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5/27/2014 11:44 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	457,903	102,436	0	37,159	0 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	2,096,414	122,775	0	44,537	0 194.01
194.02	07952	MEDCHECKS	1,869,236	0	0	0	0 194.02
194.03	07953	SCHOOL BASED CLINICS	38,922	0	0	0	0 194.03
194.04	07954	OCCUPATIONAL HEALTH CLINICS	135,931	0	0	0	0 194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.05
194.06	07956	PAVILLIONS	339,329	0	0	0	0 194.06
194.07	07957	LIFECHECK	17,527	0	0	0	0 194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	411,939	35,935	1,957	13,035	0 194.08
194.09	07959	SURGERY CENTER EAST	2,015,116	0	0	0	0 194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	34,563,890	9,976,370	813,225	3,506,301	2,499,730 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,152,986					11.00
13.00	01300	NURSING ADMINISTRATION	147,822	5,643,702				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,569,466			14.00
15.00	01500	PHARMACY	74,781	0	2,284,739	9,406,460		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	177,387	0	1,409	4,703,246	9,543,773	16.00
17.00	01700	SOCIAL SERVICE	66,085	0	977	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	8,695	0	1,406	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	27,825	0	3,031	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	12,174	0	1,261	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	3,478	0	21	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	535,636	3,172,007	51,075	207	838,835	30.00
31.00	03100	INTENSIVE CARE UNIT	52,173	308,962	10,478	0	89,469	31.00
32.00	03200	CORONARY CARE UNIT	78,259	463,443	9,507	0	132,356	32.00
43.00	04300	NURSERY	45,216	267,767	10,689	0	119,681	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,433	298,663	374,327	73	319,249	50.00
51.00	05100	RECOVERY ROOM	19,130	0	4,682	0	93,630	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,869	123,585	5,087	0	56,954	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,912	0	10,254	1,016	230,422	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	41,738	0	50,870	34,554	289,022	55.00
57.00	05700	CT SCAN	27,825	0	10,774	0	446,642	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,652	0	6,226	0	143,079	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,174	0	89,260	0	140,165	59.00
60.00	06000	LABORATORY	0	0	36,998	0	746,964	60.00
64.00	06400	INTRAVENOUS THERAPY	6,956	0	2,726	0	8,194	64.00
65.00	06500	RESPIRATORY THERAPY	53,912	0	10,361	161	146,971	65.00
66.00	06600	PHYSICAL THERAPY	15,652	0	3,992	696	112,035	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,869	0	1,499	0	29,716	67.00
68.00	06800	SPEECH PATHOLOGY	3,478	0	272	0	12,507	68.00
69.00	06900	ELECTROCARDIOLOGY	13,913	0	5,255	12,123	168,284	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,913	0	3,439	0	31,911	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	616,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	239,722	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,717,874	73.00
74.00	07400	RENAL DIALYSIS	0	0	33	0	21,526	74.00
76.00	03330	ENDOSCOPY	8,695	0	6,169	0	21,141	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	266,080	0	14,272	10,370	132,747	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	15,652	0	1,103	0	16,806	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	10,199	1,661	101,078	76.03
76.04	03952	WOUND CARE CENTER	12,174	0	13,560	29,067	31,531	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	53,912	0	1,193,374	3,928,732	1,101,329	76.05
76.06	03953	IMAGING CENTERS	0	0	3,975	0	121,975	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	271	0	36,224	76.07
76.97	07697	CARDIAC REHABILITATION	6,956	0	641	0	7,856	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	8,098	0	26,248	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	193	0	3,056	90.01
90.02	04951	HEALTHY HEARTS CENTER	19,130	0	3,133	0	23,329	90.02
90.04	04953	PALLIATIVE CARE	0	0	84	0	2,616	90.04
90.05	04954	INFUSION CENTERS	0	0	189,240	635,073	21,661	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	7,202	16,180	38,358	90.12
91.00	09100	EMERGENCY	170,430	1,009,275	48,245	77	1,105,806	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

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5/27/2014 11:44 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
118.00							
	SUBTOTALS (SUM OF LINES 1-117)	2,152,986	5,643,702	4,490,407	9,373,236	9,543,773	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	7,415	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	21,347	0	0	194.01
194.02	07952 MEDCHECKS	0	0	34,365	25,758	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	120	0	0	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	0	3,542	7,466	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 PAVILLIONS	0	0	2,010	0	0	194.06
194.07	07957 LI FE CHECK	0	0	97	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	10,163	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,152,986	5,643,702	4,569,466	9,406,460	9,543,773	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

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Date/Time Prepared:  
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
		(SPECIFY)		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	18.00	19.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	3,800,510					17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	200,353			19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,806,899		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	4,280,772	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	2,970,664	0	0	847,734	1,292,870	30.00
31.00 03100 INTENSIVE CARE UNIT	192,812	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	421,656	0	0	0	0	32.00
43.00 04300 NURSERY	215,378	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	200,353	10,189	15,539	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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02 03950 NEUROPSYCHIATRIC SERVICES	0	0	0	0	0	76.02
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76.05
76.06 03953 IMAGING CENTERS	0	0	0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
<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 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	90.02
90.04 04953 PALLIATIVE CARE	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0	0	0	1,756,082	2,678,182	90.05
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	192,894	294,181	90.12
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS				
		(SPECIFY)		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00		18.00	19.00		21.00	22.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1-117)					118.00		
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
191.00	19100	RESEARCH	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00	
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	194.01	
194.02	07952	MEDCHECKS	0	0	0	0	194.02	
194.03	07953	SCHOOL BASED CLINICS	0	0	0	0	194.03	
194.04	07954	OCCUPATIONAL HEALTH CLINICS	0	0	0	0	194.04	
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.05	
194.06	07956	PAVILLIONS	0	0	0	0	194.06	
194.07	07957	LIFECHECK	0	0	0	0	194.07	
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	194.08	
194.09	07959	SURGERY CENTER EAST	0	0	0	0	194.09	
200.00		Cross Foot Adjustments			0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118-201)	3,800,510	0	200,353	2,806,899	4,280,772	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150074		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/27/2014 11:44 am	
Cost Center Description		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	PHARMACY RESIDENCY-ALLIED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	
		23.00	23.01	23.02	23.03	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
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	EMS TRAINING-ALLIED HEALTH	418,385				23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	326,781			23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	228,895		23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	235,859	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	46,421,678 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	4,819,619 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	6,676,253 32.00
43.00	04300	NURSERY	0	0	0	0	3,800,753 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	6,931,908 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	1,963,756 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,634,326 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	326,781	0	0	5,300,402 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	5,621,516 55.00
57.00	05700	CT SCAN	0	0	0	0	2,908,657 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,824,419 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	1,559,809 59.00
60.00	06000	LABORATORY	0	0	0	0	9,269,412 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	474,532 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	3,627,120 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,336,221 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,296,731 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	207,398 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,787,099 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,597,981 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,987,489 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,811,701 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	228,895	235,859	47,986,046 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	827,894 74.00
76.00	03330	ENDOSCOPY	0	0	0	0	551,575 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	13,706,933 76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	1,190,901 76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	9,095,998 76.03
76.04	03952	WOUND CARE CENTER	0	0	0	0	1,208,199 76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	33,103,362 76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	4,362,162 76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	2,161,336 76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	443,402 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	974,815 76.98
<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	04950	DIABETIC CARE CENTER	0	0	0	0	609,189 90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	1,651,584 90.02
90.04	04953	PALLIATIVE CARE	0	0	0	0	784,517 90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	5,734,085 90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	2,386,441 90.12
91.00	09100	EMERGENCY	418,385	0	0	0	14,981,622 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description		EMS	RADIOLOGY	PHARMACY	PHARMACY	Subtotal	
		TRAINING-ALLIED HEALTH	SCHOOL-ALLIED HEALTH	RESIDENCY-ALLIED HEALTH	RESIDENCY-BTH ALLIED HEALTH		
		23.00	23.01	23.02	23.03		
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	418,385	326,781	228,895	235,859	273,618,841	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4,764,338	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	21,328,151	194.01
194.02	07952 MEDCHECKS	0	0	0	0	18,908,831	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	392,591	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	0	0	0	1,381,691	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 PAVILIONS	0	0	0	0	3,423,683	194.06
194.07	07957 LIFE CHECK	0	0	0	0	176,829	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	4,214,932	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	20,319,707	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)	418,385	326,781	228,895	235,859	348,529,594	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

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Part I  
Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
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	EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH		23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-2,140,604	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	-25,728	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
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	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03330	ENDOSCOPY	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	76.03
76.04	03952	WOUND CARE CENTER	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	76.05
76.06	03953	IMAGING CENTERS	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
<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	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	90.02
90.04	04953	PALLIATIVE CARE	0	90.04
90.05	04954	INFUSION CENTERS	-4,434,264	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	-487,075	90.12
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-7,087,671	266,531,170	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	4,764,338	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	21,328,151	194.01
194.02	07952 MEDCHECKS	0	18,908,831	194.02
194.03	07953 SCHOOL BASED CLINICS	0	392,591	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	1,381,691	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956 PAVILLIONS	0	3,423,683	194.06
194.07	07957 LIFECHECK	0	176,829	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	4,214,932	194.08
194.09	07959 SURGERY CENTER EAST	0	20,319,707	194.09
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-7,087,671	341,441,923	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	137,456	4,509,730	4,647,186	4,647,186
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,847,984	3,093,881	4,941,865	559,916
7.00 00700	OPERATION OF PLANT	0	1,266,430	79,501	1,345,931	139,275
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	30	30	0
9.00 00900	HOUSEKEEPING	0	180,074	4,447	184,521	44,774
10.00 01000	DIETARY	0	361,326	3,099	364,425	13,952
11.00 01100	CAFETERIA	0	0	6,291	6,291	27,746
13.00 01300	NURSING ADMINISTRATION	0	124,698	14,847	139,545	172,881
14.00 01400	CENTRAL SERVICES & SUPPLY	0	42,811	6,583	49,394	71,400
15.00 01500	PHARMACY	0	103,225	20,791	124,016	100,709
16.00 01600	MEDICAL RECORDS & LIBRARY	0	310,104	0	310,104	121,990
17.00 01700	SOCIAL SERVICE	0	59,813	17	59,830	81,772
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	2,630	2,630	25,321
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	23,307	657	23,964	25,330
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	42,736
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	50,678	4,334	55,012	12,727
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	12,712	0	12,712	7,076
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	4,145
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	4,398
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,533,609	53,153	1,586,762	687,663
31.00 03100	INTENSIVE CARE UNIT	0	137,139	10,587	147,726	64,495
32.00 03200	CORONARY CARE UNIT	0	181,014	8,412	189,426	85,245
43.00 04300	NURSERY	0	171,347	14,846	186,193	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	365,865	105,865	471,730	49,731
51.00 05100	RECOVERY ROOM	0	111,567	426	111,993	24,777
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	81,547	7,065	88,612	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	328,578	108,790	437,368	77,871
55.00 05500	RADIOLOGY-THERAPEUTIC	0	218,607	145,352	363,959	34,959
57.00 05700	CT SCAN	0	34,695	21,150	55,845	21,934
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	59,836	66,920	126,756	14,050
59.00 05900	CARDIAC CATHETERIZATION	0	62,021	42,790	104,811	15,750
60.00 06000	LABORATORY	0	109,892	2,219	112,111	0
64.00 06400	INTRAVENOUS THERAPY	0	6,679	0	6,679	8,716
65.00 06500	RESPIRATORY THERAPY	0	43,140	20,365	63,505	63,207
66.00 06600	PHYSICAL THERAPY	0	196,182	15,421	211,603	101,210
67.00 06700	OCCUPATIONAL THERAPY	0	48,958	5,728	54,686	0
68.00 06800	SPEECH PATHOLOGY	0	7,516	881	8,397	0
69.00 06900	ELECTROCARDIOLOGY	0	14,636	4,478	19,114	26,228
70.00 07000	ELECTROENCEPHALOGRAPHY	0	31,763	36,946	68,709	35,700
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	150	150	0
76.00 03330	ENDOSCOPY	0	0	6,481	6,481	9,697
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	73,035	34,937	107,972	390,833
76.02 03950	NEUROPSYCHIATRIC SERVICES	0	0	395	395	21,459
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	981	981	143,777
76.04 03952	WOUND CARE CENTER	0	39,053	4,261	43,314	6,760
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	20,002	90,674	110,676	169,003
76.06 03953	IMAGING CENTERS	0	1,075	141,112	142,187	40,277
76.07 03954	BREAST DIAGNOSTIC CENTER	0	29,499	0	29,499	0
76.97 07697	CARDIAC REHABILITATION	0	44,260	1,035	45,295	5,502
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	23,330	2,545	25,875	4,037
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	DIABETIC CARE CENTER	0	0	926	926	10,394
90.02 04951	HEALTHY HEARTS CENTER	0	56,610	394	57,004	25,196
90.04 04953	PALLIATIVE CARE	0	8,150	0	8,150	13,509
90.05 04954	INFUSION CENTERS	0	0	348	348	7,238
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	30,062	30,062	26,813
91.00 09100	EMERGENCY	0	325,805	122,927	448,732	182,451
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	8,886,028	8,855,460	17,741,488	3,824,630
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	59,406	9,075	68,481	50,788
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	71,201	6,739	77,940	214,802
194.02	07952 MEDCHECKS	0	0	64,312	64,312	327,941
194.03	07953 SCHOOL BASED CLINICS	0	0	238	238	7,748
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	0	6,658	6,658	22,954
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.05
194.06	07956 PAVILLIONS	0	0	66,771	66,771	14,770
194.07	07957 LIFE CHECK	0	0	431	431	2,822
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	20,840	9,772	30,612	68,234
194.09	07959 SURGERY CENTER EAST	0	0	0	0	112,497
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	9,037,475	9,019,456	18,056,931	4,647,186

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 11:44 am		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,501,781			5.00
7.00	00700	OPERATION OF PLANT	157,488	1,642,694		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,838	0	12,868	8.00
9.00	00900	HOUSEKEEPING	50,449	51,128	0	330,872
10.00	01000	DIETARY	26,058	102,590	0	21,328
11.00	01100	CAFETERIA	33,987	0	0	0
13.00	01300	NURSING ADMINISTRATION	82,133	35,405	0	7,360
14.00	01400	CENTRAL SERVICES & SUPPLY	70,546	12,155	0	2,527
15.00	01500	PHARMACY	107,415	29,308	0	6,093
16.00	01600	MEDICAL RECORDS & LIBRARY	62,087	88,047	0	18,304
17.00	01700	SOCIAL SERVICE	56,718	16,983	0	3,531
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	3,003	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	42,958	6,618	0	1,376
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	67,577	0	0	0
23.00	02300	EMS TRAINING-ALLIED HEALTH	4,513	14,389	0	2,991
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	4,632	3,609	0	750
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	3,613	0	0	0
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	3,723	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	486,366	435,437	5,464	90,524
31.00	03100	INTENSIVE CARE UNIT	58,053	38,937	620	8,095
32.00	03200	CORONARY CARE UNIT	75,793	51,395	1,062	10,685
43.00	04300	NURSERY	40,512	48,650	497	10,114
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	75,286	103,879	542	21,596
51.00	05100	RECOVERY ROOM	25,008	31,677	0	6,585
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,279	23,154	237	4,813
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,372	93,292	288	19,395
55.00	05500	RADIOLOGY-THERAPEUTIC	73,801	62,068	263	12,903
57.00	05700	CT SCAN	36,533	9,851	437	2,048
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	23,842	16,989	135	3,532
59.00	05900	CARDIAC CATHETERIZATION	18,422	17,609	87	3,661
60.00	06000	LABORATORY	129,876	31,201	0	6,486
64.00	06400	INTRAVENOUS THERAPY	6,961	1,896	0	394
65.00	06500	RESPIRATORY THERAPY	52,321	12,249	0	2,546
66.00	06600	PHYSICAL THERAPY	74,871	55,702	0	11,580
67.00	06700	OCCUPATIONAL THERAPY	17,832	13,900	0	2,890
68.00	06800	SPEECH PATHOLOGY	2,739	2,134	0	444
69.00	06900	ELECTROCARDIOLOGY	24,518	4,156	0	864
70.00	07000	ELECTROENCEPHALOGRAPHY	23,227	9,018	43	1,875
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	100,528	0	41	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	182,677	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	722,903	0	0	0
74.00	07400	RENAL DIALYSIS	12,729	0	0	0
76.00	03330	ENDOSCOPY	8,139	0	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	206,985	20,737	0	4,311
76.02	03950	NEUROPSYCHIATRIC SERVICES	18,270	0	0	0
76.03	03951	LUTHERWOOD PARTNERSHIP	141,808	0	0	0
76.04	03952	WOUND CARE CENTER	16,261	11,088	0	2,305
76.05	03480	ONCOLOGY-CANCER CARE CENTER	422,606	5,679	131	1,181
76.06	03953	IMAGING CENTERS	66,834	305	0	63
76.07	03954	BREAST DIAGNOSTIC CENTER	32,449	8,376	0	1,741
76.97	07697	CARDIAC REHABILITATION	5,114	12,567	0	2,612
76.98	07698	HYPERBARIC OXYGEN THERAPY	13,981	6,624	0	1,377
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	9,565	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	23,226	16,073	26	3,341
90.04	04953	PALLIATIVE CARE	12,040	2,314	0	481
90.05	04954	INFUSION CENTERS	7,164	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	29,009	0	0	0
91.00	09100	EMERGENCY	178,012	92,505	2,964	19,231
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,326,650	1,599,694	12,837	321,933
						528,353
						118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B  
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	72,890	16,867	0	3,506	0 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	333,711	20,216	0	4,203	0 194.01
194.02	07952	MEDCHECKS	297,548	0	0	0	0 194.02
194.03	07953	SCHOOL BASED CLINICS	6,196	0	0	0	0 194.03
194.04	07954	OCCUPATIONAL HEALTH CLINICS	21,638	0	0	0	0 194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.05
194.06	07956	PAVILLIONS	54,015	0	0	0	0 194.06
194.07	07957	LIFECHECK	2,790	0	0	0	0 194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	65,573	5,917	31	1,230	0 194.08
194.09	07959	SURGERY CENTER EAST	320,770	0	0	0	0 194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	5,501,781	1,642,694	12,868	330,872	528,353 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 11:44 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	68,024					11.00
13.00	01300	4,670	441,994				13.00
14.00	01400	0	0	206,022			14.00
15.00	01500	2,363	0	103,026	472,930		15.00
16.00	01600	5,605	0	64	236,456	842,657	16.00
17.00	01700	2,088	0	44	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	275	0	63	0	0	19.00
21.00	02100	879	0	137	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	385	0	57	0	0	23.00
23.01	02301	110	0	1	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	16,921	248,419	2,302	10	74,088	30.00
31.00	03100	1,648	24,197	472	0	7,902	31.00
32.00	03200	2,473	36,295	429	0	11,690	32.00
43.00	04300	1,429	20,971	482	0	10,571	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,593	23,390	16,875	4	28,197	50.00
51.00	05100	604	0	211	0	8,270	51.00
52.00	05200	659	9,679	229	0	5,030	52.00
54.00	05400	1,703	0	462	51	20,351	54.00
55.00	05500	1,319	0	2,293	1,737	25,527	55.00
57.00	05700	879	0	486	0	39,448	57.00
58.00	05800	495	0	281	0	12,637	58.00
59.00	05900	385	0	4,024	0	12,380	59.00
60.00	06000	0	0	1,668	0	65,974	60.00
64.00	06400	220	0	123	0	724	64.00
65.00	06500	1,703	0	467	8	12,981	65.00
66.00	06600	495	0	180	35	9,895	66.00
67.00	06700	659	0	68	0	2,625	67.00
68.00	06800	110	0	12	0	1,105	68.00
69.00	06900	440	0	237	610	14,863	69.00
70.00	07000	440	0	155	0	2,818	70.00
71.00	07100	0	0	0	0	54,478	71.00
72.00	07200	0	0	0	0	21,173	72.00
73.00	07300	0	0	0	0	151,457	73.00
74.00	07400	0	0	1	0	1,901	74.00
76.00	03330	275	0	278	0	1,867	76.00
76.01	03550	8,407	0	643	521	11,724	76.01
76.02	03950	495	0	50	0	1,484	76.02
76.03	03951	0	0	460	84	8,927	76.03
76.04	03952	385	0	611	1,461	2,785	76.04
76.05	03480	1,703	0	53,798	197,534	97,272	76.05
76.06	03953	0	0	179	0	10,773	76.06
76.07	03954	0	0	12	0	3,199	76.07
76.97	07697	220	0	29	0	694	76.97
76.98	07698	0	0	365	0	2,318	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	9	0	270	90.01
90.02	04951	604	0	141	0	2,060	90.02
90.04	04953	0	0	4	0	231	90.04
90.05	04954	0	0	8,531	31,931	1,913	90.05
90.12	04961	0	0	325	814	3,388	90.12
91.00	09100	5,385	79,043	2,175	4	97,667	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	05950	0	0	0	0	0	98.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B  
Part II  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)						118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	
191.00	19100	RESEARCH	0	0	0	0	0	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	334	0	0	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	962	0	0	
194.02	07952	MEDCHECKS	0	0	1,549	1,295	0	
194.03	07953	SCHOOL BASED CLINICS	0	0	5	0	0	
194.04	07954	OCCUPATIONAL HEALTH CLINICS	0	0	160	375	0	
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	
194.06	07956	PAVILLIONS	0	0	91	0	0	
194.07	07957	LIFECHECK	0	0	4	0	0	
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	458	0	0	
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers	0	0	0	0	0	
202.00		TOTAL (sum lines 118-201)	68,024	441,994	206,022	472,930	842,657	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
		(SPECIFY)		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	18.00	19.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	220,966					17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	31,292			19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	101,262		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	110,313	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	172,718	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	11,210	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	24,516	0	0	0	0	32.00
43.00 04300 NURSERY	12,522	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02 03950 NEUROPSYCHIATRIC SERVICES	0	0	0	0	0	76.02
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76.05
76.06 03953 IMAGING CENTERS	0	0	0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
<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 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	90.02
90.04 04953 PALLIATIVE CARE	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0	0	0	0	0	90.05
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B  
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS				
		(SPECIFY)		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00		18.00	19.00		21.00	22.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1-117)					0	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00	
191.00	19100	RESEARCH	0	0			191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.00	
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0			194.01	
194.02	07952	MEDCHECKS	0	0			194.02	
194.03	07953	SCHOOL BASED CLINICS	0	0			194.03	
194.04	07954	OCCUPATIONAL HEALTH CLINICS	0	0			194.04	
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.05	
194.06	07956	PAVILLIONS	0	0			194.06	
194.07	07957	LIFECHECK	0	0			194.07	
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0			194.08	
194.09	07959	SURGERY CENTER EAST	0	0			194.09	
200.00		Cross Foot Adjustments			31,292	101,262	110,313	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	220,966	0	31,292	101,262	110,313	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 11:44 am	
Cost Center Description		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	PHARMACY RESIDENCY-ALLIED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	
		23.00	23.01	23.02	23.03	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
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	EMS TRAINING-ALLIED HEALTH	90,074				23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		28,890			23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH			7,758		23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH				8,121	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS				4,219,661	30.00
31.00	03100	INTENSIVE CARE UNIT				390,160	31.00
32.00	03200	CORONARY CARE UNIT				547,628	32.00
43.00	04300	NURSERY				361,883	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM				792,823	50.00
51.00	05100	RECOVERY ROOM				209,125	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				151,692	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				712,153	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				578,829	55.00
57.00	05700	CT SCAN				167,461	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				198,717	58.00
59.00	05900	CARDIAC CATHETERIZATION				177,129	59.00
60.00	06000	LABORATORY				347,316	60.00
64.00	06400	INTRAVENOUS THERAPY				25,713	64.00
65.00	06500	RESPIRATORY THERAPY				208,987	65.00
66.00	06600	PHYSICAL THERAPY				465,571	66.00
67.00	06700	OCCUPATIONAL THERAPY				92,660	67.00
68.00	06800	SPEECH PATHOLOGY				14,941	68.00
69.00	06900	ELECTROCARDIOLOGY				91,030	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				141,985	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				155,047	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				203,850	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				874,360	73.00
74.00	07400	RENAL DIALYSIS				14,781	74.00
76.00	03330	ENDOSCOPY				26,737	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				752,133	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES				42,153	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP				296,037	76.03
76.04	03952	WOUND CARE CENTER				84,970	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER				1,059,583	76.05
76.06	03953	IMAGING CENTERS				260,618	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER				75,276	76.07
76.97	07697	CARDIAC REHABILITATION				72,033	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				54,577	76.98
<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				0	90.00
90.01	04950	DIABETIC CARE CENTER				21,164	90.01
90.02	04951	HEALTHY HEARTS CENTER				127,671	90.02
90.04	04953	PALLIATIVE CARE				36,729	90.04
90.05	04954	INFUSION CENTERS				57,125	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE				90,411	90.12
91.00	09100	EMERGENCY				1,108,169	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	05950	OTHER REIMBURSABLE COST CENTERS				0	98.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description		EMS	RADIOLOGY	PHARMACY	PHARMACY	Subtotal	
		TRAINING-ALLIED HEALTH	SCHOOL-ALLIED HEALTH	RESIDENCY-ALLIED HEALTH	RESIDENCY-BTH ALLIED HEALTH		
		23.00	23.01	23.02	23.03	24.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	15,308,888	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					0	190.00
191.00	19100 RESEARCH					0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES					212,866	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS					0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS					651,834	194.01
194.02	07952 MEDCHECKS					692,645	194.02
194.03	07953 SCHOOL BASED CLINICS					14,187	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS					51,785	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS					0	194.05
194.06	07956 PAVILLIONS					135,647	194.06
194.07	07957 LIFE CHECK					6,047	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS					172,055	194.08
194.09	07959 SURGERY CENTER EAST					433,267	194.09
200.00	Cross Foot Adjustments	90,074	28,890	7,758	8,121	377,710	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	90,074	28,890	7,758	8,121	18,056,931	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 11:44 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
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	EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH		23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	4,219,661
31.00	03100	INTENSIVE CARE UNIT	0	390,160
32.00	03200	CORONARY CARE UNIT	0	547,628
43.00	04300	NURSERY	0	361,883
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	792,823
51.00	05100	RECOVERY ROOM	0	209,125
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	151,692
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	712,153
55.00	05500	RADIOLOGY-THERAPEUTIC	0	578,829
57.00	05700	CT SCAN	0	167,461
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	198,717
59.00	05900	CARDIAC CATHETERIZATION	0	177,129
60.00	06000	LABORATORY	0	347,316
64.00	06400	INTRAVENOUS THERAPY	0	25,713
65.00	06500	RESPIRATORY THERAPY	0	208,987
66.00	06600	PHYSICAL THERAPY	0	465,571
67.00	06700	OCCUPATIONAL THERAPY	0	92,660
68.00	06800	SPEECH PATHOLOGY	0	14,941
69.00	06900	ELECTROCARDIOLOGY	0	91,030
70.00	07000	ELECTROENCEPHALOGRAPHY	0	141,985
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	155,047
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	203,850
73.00	07300	DRUGS CHARGED TO PATIENTS	0	874,360
74.00	07400	RENAL DIALYSIS	0	14,781
76.00	03330	ENDOSCOPY	0	26,737
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	752,133
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	42,153
76.03	03951	LUTHERWOOD PARTNERSHIP	0	296,037
76.04	03952	WOUND CARE CENTER	0	84,970
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	1,059,583
76.06	03953	IMAGING CENTERS	0	260,618
76.07	03954	BREAST DIAGNOSTIC CENTER	0	75,276
76.97	07697	CARDIAC REHABILITATION	0	72,033
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	54,577
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	0
90.01	04950	DIABETIC CARE CENTER	0	21,164
90.02	04951	HEALTHY HEARTS CENTER	0	127,671
90.04	04953	PALLIATIVE CARE	0	36,729
90.05	04954	INFUSION CENTERS	0	57,125
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	90,411
91.00	09100	EMERGENCY	0	1,108,169
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	15,308,888	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	212,866	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	651,834	194.01
194.02	07952 MEDCHECKS	0	692,645	194.02
194.03	07953 SCHOOL BASED CLINICS	0	14,187	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	51,785	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956 PAVILLIONS	0	135,647	194.06
194.07	07957 LIFE CHECK	0	6,047	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	172,055	194.08
194.09	07959 SURGERY CENTER EAST	0	433,267	194.09
200.00	Cross Foot Adjustments	0	377,710	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	18,056,931	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	798,382				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		30,316,347			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,143	15,158,174	160,526,865		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	163,253	10,399,217	19,340,809	-34,563,890	5.00
7.00 00700	OPERATION OF PLANT	111,878	267,220	4,810,871	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	100	0	0	8.00
9.00 00900	HOUSEKEEPING	15,908	14,948	1,546,610	0	9.00
10.00 01000	DIETARY	31,920	10,415	481,949	0	10.00
11.00 01100	CAFETERIA	0	21,145	958,424	0	11.00
13.00 01300	NURSING ADMINISTRATION	11,016	49,903	5,971,701	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,782	22,126	2,466,311	0	14.00
15.00 01500	PHARMACY	9,119	69,882	3,478,722	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	27,395	0	4,213,804	0	16.00
17.00 01700	SOCIAL SERVICE	5,284	56	2,824,596	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	8,840	874,634	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,059	2,207	874,952	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,476,192	0	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	4,477	14,568	439,636	0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	1,123	0	244,416	0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	143,162	0	23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	151,918	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	135,481	178,660	23,755,771	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,115	35,586	2,227,807	0	31.00
32.00 03200	CORONARY CARE UNIT	15,991	28,275	2,944,555	0	32.00
43.00 04300	NURSERY	15,137	49,902	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	32,321	355,837	1,717,833	0	50.00
51.00 05100	RECOVERY ROOM	9,856	1,432	855,842	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,204	23,747	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	29,027	365,666	2,689,836	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	19,312	488,561	1,207,568	0	55.00
57.00 05700	CT SCAN	3,065	71,089	757,664	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,286	224,932	485,334	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	5,479	143,827	544,041	0	59.00
60.00 06000	LABORATORY	9,708	7,458	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	590	0	301,056	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,811	68,450	2,183,315	0	65.00
66.00 06600	PHYSICAL THERAPY	17,331	51,834	3,496,029	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	4,325	19,252	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	664	2,962	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,293	15,050	905,962	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,806	124,183	1,233,169	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	503	0	0	74.00
76.00 03330	ENDOSCOPY	0	21,784	334,950	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,452	117,432	13,500,274	0	76.01
76.02 03950	NEUROPSYCHIATRIC SERVICES	0	1,329	741,239	0	76.02
76.03 03951	LUTHERWOOD PARTNERSHIP	0	3,297	4,966,387	0	76.03
76.04 03952	WOUND CARE CENTER	3,450	14,321	233,523	0	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	1,767	304,776	5,837,767	0	76.05
76.06 03953	IMAGING CENTERS	95	474,308	1,391,257	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	2,606	0	0	0	76.07
76.97 07697	CARDIAC REHABILITATION	3,910	3,478	190,063	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	2,061	8,553	139,458	0	76.98
<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 04950	DIABETIC CARE CENTER	0	3,111	359,023	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	5,001	1,324	870,323	0	90.02
90.04 04953	PALLIATIVE CARE	720	0	466,619	0	90.04
90.05 04954	INFUSION CENTERS	0	1,170	250,016	0	90.05
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	101,046	926,168	0	90.12
91.00 09100	EMERGENCY	28,782	413,184	6,302,266	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00	4.00					
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00	
OTHER REIMBURSABLE COST CENTERS								
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)	785,003	29,765,120	132,113,822	-34,563,890	246,907,385	118.00	
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,248	30,504	1,754,320	0	4,159,425	0	192.00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00	
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	6,290	22,651	7,419,773	0	19,043,078	0	194.01	
194.02 07952 MEDCHECKS	0	216,167	11,327,857	0	16,979,472	0	194.02	
194.03 07953 SCHOOL BASED CLINICS	0	799	267,651	0	353,549	0	194.03	
194.04 07954 OCCUPATIONAL HEALTH CLINICS	0	22,378	792,876	0	1,234,752	0	194.04	
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.05	
194.06 07956 PAVILLIONS	0	224,431	510,206	0	3,082,344	0	194.06	
194.07 07957 LIFE CHECK	0	1,450	97,493	0	159,205	0	194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	1,841	32,847	2,356,973	0	3,741,903	0	194.08	
194.09 07959 SURGERY CENTER EAST	0	0	3,885,894	0	18,304,591	0	194.09	
200.00	Cross Foot Adjustments						0	200.00
201.00	Negative Cost Centers						0	201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	9,037,475	9,019,456	30,972,587		34,563,890	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	11.319738	0.297511	0.192943		0.110088	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)			4,647,186		5,501,781	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)			0.028950		0.017524	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	511,108				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	201,166			8.00
9.00	00900	HOUSEKEEPING	15,908	0	495,200		9.00
10.00	01000	DIETARY	31,920	0	31,920	60,966	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	11,016	0	11,016	0	85
14.00	01400	CENTRAL SERVICES & SUPPLY	3,782	0	3,782	0	0
15.00	01500	PHARMACY	9,119	0	9,119	0	43
16.00	01600	MEDICAL RECORDS & LIBRARY	27,395	0	27,395	0	102
17.00	01700	SOCIAL SERVICE	5,284	0	5,284	0	38
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	5
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,059	0	2,059	0	16
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	EMS TRAINING-ALLIED HEALTH	4,477	0	4,477	0	7
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	1,123	0	1,123	0	2
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	135,481	85,413	135,481	47,654	308
31.00	03100	INTENSIVE CARE UNIT	12,115	9,691	12,115	3,093	30
32.00	03200	CORONARY CARE UNIT	15,991	16,596	15,991	6,764	45
43.00	04300	NURSERY	15,137	7,773	15,137	3,455	26
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	32,321	8,471	32,321	0	29
51.00	05100	RECOVERY ROOM	9,856	0	9,856	0	11
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,204	3,699	7,204	0	12
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,027	4,498	29,027	0	31
55.00	05500	RADIOLOGY-THERAPEUTIC	19,312	4,111	19,312	0	24
57.00	05700	CT SCAN	3,065	6,835	3,065	0	16
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,286	2,113	5,286	0	9
59.00	05900	CARDIAC CATHETERIZATION	5,479	1,365	5,479	0	7
60.00	06000	LABORATORY	9,708	0	9,708	0	0
64.00	06400	INTRAVENOUS THERAPY	590	0	590	0	4
65.00	06500	RESPIRATORY THERAPY	3,811	0	3,811	0	31
66.00	06600	PHYSICAL THERAPY	17,331	0	17,331	0	9
67.00	06700	OCCUPATIONAL THERAPY	4,325	0	4,325	0	12
68.00	06800	SPEECH PATHOLOGY	664	0	664	0	2
69.00	06900	ELECTROCARDIOLOGY	1,293	0	1,293	0	8
70.00	07000	ELECTROENCEPHALOGRAPHY	2,806	668	2,806	0	8
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	637	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03330	ENDOSCOPY	0	0	0	0	5
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,452	0	6,452	0	153
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	9
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0
76.04	03952	WOUND CARE CENTER	3,450	0	3,450	0	7
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,767	2,055	1,767	0	31
76.06	03953	IMAGING CENTERS	95	0	95	0	0
76.07	03954	BREAST DIAGNOSTIC CENTER	2,606	0	2,606	0	0
76.97	07697	CARDIAC REHABILITATION	3,910	0	3,910	0	4
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,061	0	2,061	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	5,001	413	5,001	0	11
90.04	04953	PALLIATIVE CARE	720	0	720	0	0
90.05	04954	INFUSION CENTERS	0	0	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0
91.00	09100	EMERGENCY	28,782	46,344	28,782	0	98
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	497,729	200,682	481,821	60,966	1,238	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	5,248	0	5,248	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	6,290	0	6,290	0	0	194.01
194.02	07952 MEDCHECKS	0	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	0	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 PAVILLIONS	0	0	0	0	0	194.06
194.07	07957 LI FE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	1,841	484	1,841	0	0	194.08
194.09	07959 SURGERY CENTER EAST	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)	9,976,370	813,225	3,506,301	2,499,730	2,152,986	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	19.519104	4.042557	7.080576	41.002034	1,739.084006	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,642,694	12,868	330,872	528,353	68,024	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.213986	0.063967	0.668158	8.666355	54.946688	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

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Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	548					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	108,132,279				14.00
15.00	01500	PHARMACY	0	54,066,138	65,741,991			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	33,347	32,870,995	973,388,327		16.00
17.00	01700	SOCIAL SERVICE	0	23,116	0	0	60,966	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	33,272	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	71,718	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	29,843	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	490	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	308	1,208,640	1,445	85,551,763	47,654	30.00
31.00	03100	INTENSIVE CARE UNIT	30	247,944	0	9,124,825	3,093	31.00
32.00	03200	CORONARY CARE UNIT	45	224,980	0	13,498,859	6,764	32.00
43.00	04300	NURSERY	26	252,949	0	12,206,136	3,455	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29	8,858,133	510	32,559,793	0	50.00
51.00	05100	RECOVERY ROOM	0	110,794	0	9,549,252	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12	120,373	0	5,808,640	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	242,658	7,104	23,500,499	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,203,804	241,500	29,477,019	0	55.00
57.00	05700	CT SCAN	0	254,958	0	45,552,449	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	147,328	0	14,592,494	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,112,259	0	14,295,212	0	59.00
60.00	06000	LABORATORY	0	875,524	0	76,181,967	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64,506	0	835,728	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	245,189	1,124	14,989,380	0	65.00
66.00	06600	PHYSICAL THERAPY	0	94,459	4,866	11,426,282	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	35,466	0	3,030,668	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,445	0	1,275,620	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	124,365	84,727	17,163,091	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	81,392	0	3,254,601	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	62,907,103	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,448,916	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	175,234,361	0	73.00
74.00	07400	RENAL DIALYSIS	0	779	0	2,195,444	0	74.00
76.00	03330	ENDOSCOPY	0	145,986	0	2,156,182	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	337,742	72,478	13,538,655	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	26,095	0	1,713,984	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	241,355	11,611	10,308,790	0	76.03
76.04	03952	WOUND CARE CENTER	0	320,883	203,150	3,215,783	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	28,240,202	27,458,098	112,323,239	0	76.05
76.06	03953	IMAGING CENTERS	0	94,061	0	12,440,073	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	6,415	0	3,694,432	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	15,180	0	801,222	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	191,628	0	2,677,024	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	4,563	0	311,679	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	74,143	0	2,379,261	0	90.02
90.04	04953	PALLIATIVE CARE	0	1,991	0	266,785	0	90.04
90.05	04954	INFUSION CENTERS	0	4,478,211	4,438,557	2,209,224	0	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	170,425	113,082	3,912,075	0	90.12
91.00	09100	EMERGENCY	98	1,141,677	540	112,779,817	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		NURSING ADMINISTRATION  (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE  (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	548	106,261,426	65,509,787	973,388,327	60,966	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	175,463	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	505,160	0	0	0	194.01
194.02	07952 MEDCHECKS	0	813,230	180,024	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	2,834	0	0	0	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	83,816	52,180	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 PAVILLIONS	0	47,561	0	0	0	194.06
194.07	07957 LIFECHECK	0	2,290	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	240,499	0	0	0	194.08
194.09	07959 SURGERY CENTER EAST	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)	5,643,702	4,569,466	9,406,460	9,543,773	3,800,510	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10,298.726277	0.042258	0.143081	0.009805	62.338188	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	441,994	206,022	472,930	842,657	220,966	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	806.558394	0.001905	0.007194	0.000866	3.624414	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

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Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	
	18.00	19.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	100			19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		48,762		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			48,762	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0				100 23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0				0 23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0				0 23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0				0 23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0		14,727	14,727	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0		0	0	0 31.00
32.00 03200	CORONARY CARE UNIT	0		0	0	0 32.00
43.00 04300	NURSERY	0		0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	100	177	177	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
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03330	ENDOSCOPY	0	0	0	0	0 76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 76.01
76.02 03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	0 76.02
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0 76.03
76.04 03952	WOUND CARE CENTER	0	0	0	0	0 76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0 76.05
76.06 03953	IMAGING CENTERS	0	0	0	0	0 76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	0 76.07
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
<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 04950	DIABETIC CARE CENTER	0	0	0	0	0 90.01
90.02 04951	HEALTHY HEARTS CENTER	0	0	0	0	0 90.02
90.04 04953	PALLIATIVE CARE	0	0	0	0	0 90.04
90.05 04954	INFUSION CENTERS	0	0	30,507	30,507	0 90.05
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	3,351	3,351	0 90.12
91.00 09100	EMERGENCY	0	0	0	0	100 91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	
	18.00	19.00	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	100	48,762	48,762	100
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02 07952 MEDCHECKS	0	0	0	0	0	194.02
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 07954 OCCUPATIONAL HEALTH CLINICS	0	0	0	0	0	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956 PAVILLIONS	0	0	0	0	0	194.06
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	0	194.08
194.09 07959 SURGERY CENTER EAST	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)	0	200,353	2,806,899	4,280,772	418,385
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	2,003.530000	57.563246	87.789098	4,183.850000
204.00	Cost to be allocated (per Wkst. B, Part II)	0	31,292	101,262	110,313	90,074
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	312.920000	2.076658	2.262274	900.740000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1  
Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description		RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
		23.01	23.02	23.03	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
19.00	01900				19.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301	100			23.01
23.02	02302	0	100		23.02
23.03	02303	0	0	100	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
43.00	04300	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
54.00	05400	100	0	0	54.00
55.00	05500	0	0	0	55.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
64.00	06400	0	0	0	64.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	100	100	73.00
74.00	07400	0	0	0	74.00
76.00	03330	0	0	0	76.00
76.01	03550	0	0	0	76.01
76.02	03950	0	0	0	76.02
76.03	03951	0	0	0	76.03
76.04	03952	0	0	0	76.04
76.05	03480	0	0	0	76.05
76.06	03953	0	0	0	76.06
76.07	03954	0	0	0	76.07
76.97	07697	0	0	0	76.97
76.98	07698	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	04950	0	0	0	90.01
90.02	04951	0	0	0	90.02
90.04	04953	0	0	0	90.04
90.05	04954	0	0	0	90.05
90.12	04961	0	0	0	90.12
91.00	09100	0	0	0	91.00
92.00	09200	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 11:44 am

Cost Center Description		RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLI ED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
		23.01	23.02	23.03	
OTHER REIMBURSABLE COST CENTERS					
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	194.01
194.02	07952 MEDCHECKS	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	0	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.05
194.06	07956 PAVILLIONS	0	0	0	194.06
194.07	07957 LIFE CHECK	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	194.08
194.09	07959 SURGERY CENTER EAST	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)	326,781	228,895	235,859	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,267.810000	2,288.950000	2,358.590000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	28,890	7,758	8,121	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	288.900000	77.580000	81.210000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 11:44 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		44,281,074	21,062	44,302,136
31.00	03100 INTENSIVE CARE UNIT		4,819,619	0	4,819,619
32.00	03200 CORONARY CARE UNIT		6,676,253	0	6,676,253
43.00	04300 NURSERY		3,800,753	0	3,800,753
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		6,906,180	0	6,906,180
51.00	05100 RECOVERY ROOM		1,963,756	0	1,963,756
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,634,326	0	1,634,326
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,300,402	0	5,300,402
55.00	05500 RADIOLOGY-THERAPEUTIC		5,621,516	0	5,621,516
57.00	05700 CT SCAN		2,908,657	0	2,908,657
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,824,419	0	1,824,419
59.00	05900 CARDIAC CATHETERIZATION		1,559,809	0	1,559,809
60.00	06000 LABORATORY		9,269,412	36,404	9,305,816
64.00	06400 INTRAVENOUS THERAPY		474,532	0	474,532
65.00	06500 RESPIRATORY THERAPY	0	3,627,120	0	3,627,120
66.00	06600 PHYSICAL THERAPY	0	5,336,221	0	5,336,221
67.00	06700 OCCUPATIONAL THERAPY	0	1,296,731	0	1,296,731
68.00	06800 SPEECH PATHOLOGY	0	207,398	0	207,398
69.00	06900 ELECTROCARDIOLOGY		1,787,099	0	1,787,099
70.00	07000 ELECTROENCEPHALOGRAPHY		1,597,981	14,338	1,612,319
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,987,489	0	6,987,489
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,811,701	0	11,811,701
73.00	07300 DRUGS CHARGED TO PATIENTS		47,986,046	0	47,986,046
74.00	07400 RENAL DIALYSIS		827,894	0	827,894
76.00	03330 ENDOSCOPY		551,575	0	551,575
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		13,706,933	0	13,706,933
76.02	03950 NEUROPSYCHIATRIC SERVICES		1,190,901	0	1,190,901
76.03	03951 LUTHERWOOD PARTNERSHIP		9,095,998	0	9,095,998
76.04	03952 WOUND CARE CENTER		1,208,199	615	1,208,814
76.05	03480 ONCOLOGY-CANCER CARE CENTER		33,103,362	57,790	33,161,152
76.06	03953 IMAGING CENTERS		4,362,162	0	4,362,162
76.07	03954 BREAST DIAGNOSTIC CENTER		2,161,336	0	2,161,336
76.97	07697 CARDIAC REHABILITATION		443,402	0	443,402
76.98	07698 HYPERBARIC OXYGEN THERAPY		974,815	0	974,815
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	09000 CLINIC		0	0	0
90.01	04950 DIABETIC CARE CENTER		609,189	0	609,189
90.02	04951 HEALTHY HEARTS CENTER		1,651,584	0	1,651,584
90.04	04953 PALLIATIVE CARE		784,517	0	784,517
90.05	04954 INFUSION CENTERS		1,299,821	0	1,299,821
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE		1,899,366	0	1,899,366
91.00	09100 EMERGENCY		14,981,622	31,207	15,012,829
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,091,327	0	2,091,327
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	05950 OTHER REIMBURSABLE COST CENTERS		0	0	0
200.00	Subtotal (see instructions)	0	268,622,497	161,416	268,783,913
201.00	Less Observation Beds		2,091,327	0	2,091,327
202.00	Total (see instructions)	0	266,531,170	161,416	266,692,586

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150074		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/27/2014 11:44 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	72,873,858		72,873,858			30.00
31.00	03100	INTENSIVE CARE UNIT	9,124,825		9,124,825			31.00
32.00	03200	CORONARY CARE UNIT	13,498,859		13,498,859			32.00
43.00	04300	NURSERY	12,206,136		12,206,136			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,063,208	9,496,585	32,559,793	0.212108	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,022,251	3,527,001	9,549,252	0.205645	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,808,640	0	5,808,640	0.281361	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,066,257	17,434,242	23,500,499	0.225544	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,524,240	24,952,779	29,477,019	0.190708	0.000000	55.00
57.00	05700	CT SCAN	12,612,801	32,939,648	45,552,449	0.063853	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,864,467	10,728,027	14,592,494	0.125024	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,643,599	5,651,613	14,295,212	0.109114	0.000000	59.00
60.00	06000	LABORATORY	40,807,262	35,374,705	76,181,967	0.121675	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	815,590	20,138	835,728	0.567807	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	13,144,238	1,845,142	14,989,380	0.241979	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,582,363	8,843,919	11,426,282	0.467013	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,742,699	1,287,969	3,030,668	0.427870	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	432,098	843,522	1,275,620	0.162586	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,316,207	11,846,884	17,163,091	0.104125	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	758,653	2,495,948	3,254,601	0.490991	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,898,256	47,008,847	62,907,103	0.111076	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,384,566	6,064,350	24,448,916	0.483118	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,044,444	139,189,917	175,234,361	0.273839	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,195,444	0	2,195,444	0.377096	0.000000	74.00
76.00	03330	ENDOSCOPY	1,011,074	1,145,108	2,156,182	0.255811	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	13,538,655	13,538,655	1.012429	0.000000	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	26,000	1,687,984	1,713,984	0.694815	0.000000	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	10,308,790	10,308,790	0.882354	0.000000	76.03
76.04	03952	WOUND CARE CENTER	66,018	3,149,765	3,215,783	0.375709	0.000000	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	702,212	111,621,027	112,323,239	0.294715	0.000000	76.05
76.06	03953	IMAGING CENTERS	56,015	12,384,058	12,440,073	0.350654	0.000000	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	7,642	3,686,790	3,694,432	0.585025	0.000000	76.07
76.97	07697	CARDIAC REHABILITATION	0	801,222	801,222	0.553407	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,677,024	2,677,024	0.364141	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	DIABETIC CARE CENTER	1,002	310,677	311,679	1.954540	0.000000	90.01
90.02	04951	HEALTHY HEARTS CENTER	7,889	2,371,372	2,379,261	0.694158	0.000000	90.02
90.04	04953	PALLIATIVE CARE	266,785	0	266,785	2.940634	0.000000	90.04
90.05	04954	INFUSION CENTERS	0	2,209,224	2,209,224	0.588361	0.000000	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	626,636	3,285,439	3,912,075	0.485514	0.000000	90.12
91.00	09100	EMERGENCY	25,495,167	87,284,650	112,779,817	0.132840	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	727,266	11,950,639	12,677,905	0.164958	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
200.00		Subtotal (see instructions)	345,424,667	627,963,660	973,388,327			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	345,424,667	627,963,660	973,388,327			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 11:44 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
	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
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.212108		50.00
51.00	05100 RECOVERY ROOM	0.205645		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.281361		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225544		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.190708		55.00
57.00	05700 CT SCAN	0.063853		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.125024		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.109114		59.00
60.00	06000 LABORATORY	0.122152		60.00
64.00	06400 INTRAVENOUS THERAPY	0.567807		64.00
65.00	06500 RESPIRATORY THERAPY	0.241979		65.00
66.00	06600 PHYSICAL THERAPY	0.467013		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.427870		67.00
68.00	06800 SPEECH PATHOLOGY	0.162586		68.00
69.00	06900 ELECTROCARDIOLOGY	0.104125		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.495397		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.111076		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.483118		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.273839		73.00
74.00	07400 RENAL DIALYSIS	0.377096		74.00
76.00	03330 ENDOSCOPY	0.255811		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.012429		76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0.694815		76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	0.882354		76.03
76.04	03952 WOUND CARE CENTER	0.375900		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.295230		76.05
76.06	03953 IMAGING CENTERS	0.350654		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.585025		76.07
76.97	07697 CARDIAC REHABILITATION	0.553407		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.364141		76.98
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	1.954540		90.01
90.02	04951 HEALTHY HEARTS CENTER	0.694158		90.02
90.04	04953 PALLIATIVE CARE	2.940634		90.04
90.05	04954 INFUSION CENTERS	0.588361		90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.485514		90.12
91.00	09100 EMERGENCY	0.133116		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.164958		92.00
	OTHER REIMBURSABLE COST CENTERS			
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 11:44 am
			Title XIX	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		44,281,074	21,062	44,302,136
31.00	03100 INTENSIVE CARE UNIT		4,819,619	0	4,819,619
32.00	03200 CORONARY CARE UNIT		6,676,253	0	6,676,253
43.00	04300 NURSERY		3,800,753	0	3,800,753
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		6,906,180	0	6,906,180
51.00	05100 RECOVERY ROOM		1,963,756	0	1,963,756
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,634,326	0	1,634,326
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,300,402	0	5,300,402
55.00	05500 RADIOLOGY-THERAPEUTIC		5,621,516	0	5,621,516
57.00	05700 CT SCAN		2,908,657	0	2,908,657
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,824,419	0	1,824,419
59.00	05900 CARDIAC CATHETERIZATION		1,559,809	0	1,559,809
60.00	06000 LABORATORY		9,269,412	36,404	9,305,816
64.00	06400 INTRAVENOUS THERAPY		474,532	0	474,532
65.00	06500 RESPIRATORY THERAPY	0	3,627,120	0	3,627,120
66.00	06600 PHYSICAL THERAPY	0	5,336,221	0	5,336,221
67.00	06700 OCCUPATIONAL THERAPY	0	1,296,731	0	1,296,731
68.00	06800 SPEECH PATHOLOGY	0	207,398	0	207,398
69.00	06900 ELECTROCARDIOLOGY		1,787,099	0	1,787,099
70.00	07000 ELECTROENCEPHALOGRAPHY		1,597,981	14,338	1,612,319
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,987,489	0	6,987,489
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,811,701	0	11,811,701
73.00	07300 DRUGS CHARGED TO PATIENTS		47,986,046	0	47,986,046
74.00	07400 RENAL DIALYSIS		827,894	0	827,894
76.00	03330 ENDOSCOPY		551,575	0	551,575
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		13,706,933	0	13,706,933
76.02	03950 NEUROPSYCHIATRIC SERVICES		1,190,901	0	1,190,901
76.03	03951 LUTHERWOOD PARTNERSHIP		9,095,998	0	9,095,998
76.04	03952 WOUND CARE CENTER		1,208,199	615	1,208,814
76.05	03480 ONCOLOGY-CANCER CARE CENTER		33,103,362	57,790	33,161,152
76.06	03953 IMAGING CENTERS		4,362,162	0	4,362,162
76.07	03954 BREAST DIAGNOSTIC CENTER		2,161,336	0	2,161,336
76.97	07697 CARDIAC REHABILITATION		443,402	0	443,402
76.98	07698 HYPERBARIC OXYGEN THERAPY		974,815	0	974,815
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	09000 CLINIC		0	0	0
90.01	04950 DIABETIC CARE CENTER		609,189	0	609,189
90.02	04951 HEALTHY HEARTS CENTER		1,651,584	0	1,651,584
90.04	04953 PALLIATIVE CARE		784,517	0	784,517
90.05	04954 INFUSION CENTERS		1,299,821	0	1,299,821
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE		1,899,366	0	1,899,366
91.00	09100 EMERGENCY		14,981,622	31,207	15,012,829
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,091,327	0	2,091,327
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	05950 OTHER REIMBURSABLE COST CENTERS		0	0	0
200.00	Subtotal (see instructions)	0	268,622,497	161,416	268,783,913
201.00	Less Observation Beds		2,091,327	0	2,091,327
202.00	Total (see instructions)	0	266,531,170	161,416	266,692,586

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150074		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/27/2014 11:44 am	
			Title XIX		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	72,873,858		72,873,858			30.00
31.00	03100	INTENSIVE CARE UNIT	9,124,825		9,124,825			31.00
32.00	03200	CORONARY CARE UNIT	13,498,859		13,498,859			32.00
43.00	04300	NURSERY	12,206,136		12,206,136			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,063,208	9,496,585	32,559,793	0.212108	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,022,251	3,527,001	9,549,252	0.205645	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,808,640	0	5,808,640	0.281361	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,066,257	17,434,242	23,500,499	0.225544	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,524,240	24,952,779	29,477,019	0.190708	0.000000	55.00
57.00	05700	CT SCAN	12,612,801	32,939,648	45,552,449	0.063853	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,864,467	10,728,027	14,592,494	0.125024	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,643,599	5,651,613	14,295,212	0.109114	0.000000	59.00
60.00	06000	LABORATORY	40,807,262	35,374,705	76,181,967	0.121675	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	815,590	20,138	835,728	0.567807	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	13,144,238	1,845,142	14,989,380	0.241979	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,582,363	8,843,919	11,426,282	0.467013	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,742,699	1,287,969	3,030,668	0.427870	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	432,098	843,522	1,275,620	0.162586	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,316,207	11,846,884	17,163,091	0.104125	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	758,653	2,495,948	3,254,601	0.490991	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,898,256	47,008,847	62,907,103	0.111076	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,384,566	6,064,350	24,448,916	0.483118	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,044,444	139,189,917	175,234,361	0.273839	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,195,444	0	2,195,444	0.377096	0.000000	74.00
76.00	03330	ENDOSCOPY	1,011,074	1,145,108	2,156,182	0.255811	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	13,538,655	13,538,655	1.012429	0.000000	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	26,000	1,687,984	1,713,984	0.694815	0.000000	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	10,308,790	10,308,790	0.882354	0.000000	76.03
76.04	03952	WOUND CARE CENTER	66,018	3,149,765	3,215,783	0.375709	0.000000	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	702,212	111,621,027	112,323,239	0.294715	0.000000	76.05
76.06	03953	IMAGING CENTERS	56,015	12,384,058	12,440,073	0.350654	0.000000	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	7,642	3,686,790	3,694,432	0.585025	0.000000	76.07
76.97	07697	CARDIAC REHABILITATION	0	801,222	801,222	0.553407	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,677,024	2,677,024	0.364141	0.000000	76.98
<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	0	0	0	0.000000	0.000000	90.00
90.01	04950	DIABETIC CARE CENTER	1,002	310,677	311,679	1.954540	0.000000	90.01
90.02	04951	HEALTHY HEARTS CENTER	7,889	2,371,372	2,379,261	0.694158	0.000000	90.02
90.04	04953	PALLIATIVE CARE	266,785	0	266,785	2.940634	0.000000	90.04
90.05	04954	INFUSION CENTERS	0	2,209,224	2,209,224	0.588361	0.000000	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	626,636	3,285,439	3,912,075	0.485514	0.000000	90.12
91.00	09100	EMERGENCY	25,495,167	87,284,650	112,779,817	0.132840	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	727,266	11,950,639	12,677,905	0.164958	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
200.00		Subtotal (see instructions)	345,424,667	627,963,660	973,388,327			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	345,424,667	627,963,660	973,388,327			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 11:44 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	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
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.212108		50.00
51.00	05100 RECOVERY ROOM	0.205645		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.281361		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225544		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.190708		55.00
57.00	05700 CT SCAN	0.063853		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.125024		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.109114		59.00
60.00	06000 LABORATORY	0.122152		60.00
64.00	06400 INTRAVENOUS THERAPY	0.567807		64.00
65.00	06500 RESPIRATORY THERAPY	0.241979		65.00
66.00	06600 PHYSICAL THERAPY	0.467013		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.427870		67.00
68.00	06800 SPEECH PATHOLOGY	0.162586		68.00
69.00	06900 ELECTROCARDIOLOGY	0.104125		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.495397		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.111076		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.483118		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.273839		73.00
74.00	07400 RENAL DIALYSIS	0.377096		74.00
76.00	03330 ENDOSCOPY	0.255811		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.012429		76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0.694815		76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	0.882354		76.03
76.04	03952 WOUND CARE CENTER	0.375900		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.295230		76.05
76.06	03953 IMAGING CENTERS	0.350654		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.585025		76.07
76.97	07697 CARDIAC REHABILITATION	0.553407		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.364141		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	1.954540		90.01
90.02	04951 HEALTHY HEARTS CENTER	0.694158		90.02
90.04	04953 PALLIATIVE CARE	2.940634		90.04
90.05	04954 INFUSION CENTERS	0.588361		90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.485514		90.12
91.00	09100 EMERGENCY	0.133116		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.164958		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150074

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

Worksheet C Part II Date/Time Prepared: 5/27/2014 11:44 am

Cost Center Description			Title XIX			Hospital		PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
			1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	6,906,180	792,823	6,113,357	0	0	50.00	
51.00	05100	RECOVERY ROOM	1,963,756	209,125	1,754,631	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,634,326	151,692	1,482,634	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,300,402	712,153	4,588,249	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	5,621,516	578,829	5,042,687	0	0	55.00	
57.00	05700	CT SCAN	2,908,657	167,461	2,741,196	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,824,419	198,717	1,625,702	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,559,809	177,129	1,382,680	0	0	59.00	
60.00	06000	LABORATORY	9,269,412	347,316	8,922,096	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	474,532	25,713	448,819	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	3,627,120	208,987	3,418,133	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	5,336,221	465,571	4,870,650	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,296,731	92,660	1,204,071	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	207,398	14,941	192,457	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,787,099	91,030	1,696,069	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,597,981	141,985	1,455,996	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,987,489	155,047	6,832,442	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,811,701	203,850	11,607,851	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	47,986,046	874,360	47,111,686	0	0	73.00	
74.00	07400	RENAL DIALYSIS	827,894	14,781	813,113	0	0	74.00	
76.00	03330	ENDOSCOPY	551,575	26,737	524,838	0	0	76.00	
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,706,933	752,133	12,954,800	0	0	76.01	
76.02	03950	NEUROPSYCHIATRIC SERVICES	1,190,901	42,153	1,148,748	0	0	76.02	
76.03	03951	LUTHERWOOD PARTNERSHIP	9,095,998	296,037	8,799,961	0	0	76.03	
76.04	03952	WOUND CARE CENTER	1,208,199	84,970	1,123,229	0	0	76.04	
76.05	03480	ONCOLOGY-CANCER CARE CENTER	33,103,362	1,059,583	32,043,779	0	0	76.05	
76.06	03953	IMAGING CENTERS	4,362,162	260,618	4,101,544	0	0	76.06	
76.07	03954	BREAST DIAGNOSTIC CENTER	2,161,336	75,276	2,086,060	0	0	76.07	
76.97	07697	CARDIAC REHABILITATION	443,402	72,033	371,369	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	974,815	54,577	920,238	0	0	76.98	
<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	04950	DIABETIC CARE CENTER	609,189	21,164	588,025	0	0	90.01	
90.02	04951	HEALTHY HEARTS CENTER	1,651,584	127,671	1,523,913	0	0	90.02	
90.04	04953	PALLIATIVE CARE	784,517	36,729	747,788	0	0	90.04	
90.05	04954	INFUSION CENTERS	1,299,821	57,125	1,242,696	0	0	90.05	
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	1,899,366	90,411	1,808,955	0	0	90.12	
91.00	09100	EMERGENCY	14,981,622	1,108,169	13,873,453	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,091,327	199,193	1,892,134	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
200.00		Subtotal (sum of lines 50 thru 199)	209,044,798	9,988,749	199,056,049	0	0	200.00	
201.00		Less Observation Beds	2,091,327	199,193	1,892,134	0	0	201.00	
202.00		Total (Line 200 minus Line 201)	206,953,471	9,789,556	197,163,915	0	0	202.00	

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part II Date/Time Prepared: 5/27/2014 11:44 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	6,906,180	32,559,793	0.212108	50.00
51.00 05100 RECOVERY ROOM	1,963,756	9,549,252	0.205645	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,634,326	5,808,640	0.281361	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,300,402	23,500,499	0.225544	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	5,621,516	29,477,019	0.190708	55.00
57.00 05700 CT SCAN	2,908,657	45,552,449	0.063853	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,824,419	14,592,494	0.125024	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,559,809	14,295,212	0.109114	59.00
60.00 06000 LABORATORY	9,269,412	76,181,967	0.121675	60.00
64.00 06400 INTRAVENOUS THERAPY	474,532	835,728	0.567807	64.00
65.00 06500 RESPIRATORY THERAPY	3,627,120	14,989,380	0.241979	65.00
66.00 06600 PHYSICAL THERAPY	5,336,221	11,426,282	0.467013	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,296,731	3,030,668	0.427870	67.00
68.00 06800 SPEECH PATHOLOGY	207,398	1,275,620	0.162586	68.00
69.00 06900 ELECTROCARDIOLOGY	1,787,099	17,163,091	0.104125	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,597,981	3,254,601	0.490991	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,987,489	62,907,103	0.111076	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	11,811,701	24,448,916	0.483118	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	47,986,046	175,234,361	0.273839	73.00
74.00 07400 RENAL DIALYSIS	827,894	2,195,444	0.377096	74.00
76.00 03330 ENDOSCOPY	551,575	2,156,182	0.255811	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,706,933	13,538,655	1.012429	76.01
76.02 03950 NEUROPSYCHIATRIC SERVICES	1,190,901	1,713,984	0.694815	76.02
76.03 03951 LUTHERWOOD PARTNERSHIP	9,095,998	10,308,790	0.882354	76.03
76.04 03952 WOUND CARE CENTER	1,208,199	3,215,783	0.375709	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	33,103,362	112,323,239	0.294715	76.05
76.06 03953 IMAGING CENTERS	4,362,162	12,440,073	0.350654	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	2,161,336	3,694,432	0.585025	76.07
76.97 07697 CARDIAC REHABILITATION	443,402	801,222	0.553407	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	974,815	2,677,024	0.364141	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0.000000	90.00
90.01 04950 DIABETIC CARE CENTER	609,189	311,679	1.954540	90.01
90.02 04951 HEALTHY HEARTS CENTER	1,651,584	2,379,261	0.694158	90.02
90.04 04953 PALLIATIVE CARE	784,517	266,785	2.940634	90.04
90.05 04954 INFUSION CENTERS	1,299,821	2,209,224	0.588361	90.05
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	1,899,366	3,912,075	0.485514	90.12
91.00 09100 EMERGENCY	14,981,622	112,779,817	0.132840	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,091,327	12,677,905	0.164958	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	98.00
200.00 Subtotal (sum of lines 50 thru 199)	209,044,798	865,684,649		200.00
201.00 Less Observation Beds	2,091,327	0		201.00
202.00 Total (line 200 minus line 201)	206,953,471	865,684,649		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/27/2014 11:44 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,219,661	0	4,219,661	50,015	84.37	30.00	
31.00	INTENSIVE CARE UNIT	390,160		390,160	3,093	126.14	31.00	
32.00	CORONARY CARE UNIT	547,628		547,628	6,764	80.96	32.00	
43.00	NURSERY	361,883		361,883	3,455	104.74	43.00	
200.00	Total (lines 30-199)	5,519,332		5,519,332	63,327		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	14,834	1,251,545					30.00
31.00	INTENSIVE CARE UNIT	2,682	338,307					31.00
32.00	CORONARY CARE UNIT	4,022	325,621					32.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	21,538	1,915,473					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 11:44 am		
Title XVIII				Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	792,823	32,559,793	0.024350	11,164,602	271,858	50.00
51.00	05100	RECOVERY ROOM	209,125	9,549,252	0.021900	2,172,470	47,577	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	151,692	5,808,640	0.026115	51,771	1,352	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	712,153	23,500,499	0.030304	2,689,248	81,495	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	578,829	29,477,019	0.019637	1,938,254	38,061	55.00
57.00	05700	CT SCAN	167,461	45,552,449	0.003676	4,972,700	18,280	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	198,717	14,592,494	0.013618	1,635,148	22,267	58.00
59.00	05900	CARDIAC CATHETERIZATION	177,129	14,295,212	0.012391	2,784,246	34,500	59.00
60.00	06000	LABORATORY	347,316	76,181,967	0.004559	16,539,776	75,405	60.00
64.00	06400	INTRAVENOUS THERAPY	25,713	835,728	0.030767	319,450	9,829	64.00
65.00	06500	RESPIRATORY THERAPY	208,987	14,989,380	0.013942	5,967,161	83,194	65.00
66.00	06600	PHYSICAL THERAPY	465,571	11,426,282	0.040746	1,183,493	48,223	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,660	3,030,668	0.030574	779,281	23,826	67.00
68.00	06800	SPEECH PATHOLOGY	14,941	1,275,620	0.011713	168,518	1,974	68.00
69.00	06900	ELECTROCARDIOLOGY	91,030	17,163,091	0.005304	3,085,240	16,364	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	141,985	3,254,601	0.043626	382,091	16,669	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	155,047	62,907,103	0.002465	4,485,711	11,057	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	203,850	24,448,916	0.008338	9,365,346	78,088	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	874,360	175,234,361	0.004990	16,486,021	82,265	73.00
74.00	07400	RENAL DIALYSIS	14,781	2,195,444	0.006733	1,361,098	9,164	74.00
76.00	03330	ENDOSCOPY	26,737	2,156,182	0.012400	612,382	7,594	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	752,133	13,538,655	0.055554	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	42,153	1,713,984	0.024594	0	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	296,037	10,308,790	0.028717	0	0	76.03
76.04	03952	WOUND CARE CENTER	84,970	3,215,783	0.026423	59,118	1,562	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,059,583	112,323,239	0.009433	39,558	373	76.05
76.06	03953	IMAGING CENTERS	260,618	12,440,073	0.020950	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	75,276	3,694,432	0.020376	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	72,033	801,222	0.089904	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	54,577	2,677,024	0.020387	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	21,164	311,679	0.067903	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	127,671	2,379,261	0.053660	0	0	90.02
90.04	04953	PALLIATIVE CARE	36,729	266,785	0.137673	0	0	90.04
90.05	04954	INFUSION CENTERS	57,125	2,209,224	0.025857	0	0	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	90,411	3,912,075	0.023111	0	0	90.12
91.00	09100	EMERGENCY	1,108,169	112,779,817	0.009826	9,904,511	97,322	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	199,193	12,677,905	0.015712	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (Lines 50-199)	9,988,749	865,684,649		98,147,194	1,078,299	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150074		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/27/2014 11:44 am	
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
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	50,015	0.00	14,834	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,093	0.00	2,682	0		31.00
32.00	03200	CORONARY CARE UNIT	6,764	0.00	4,022	0		32.00
43.00	04300	NURSERY	3,455	0.00	0	0		43.00
200.00		Total (lines 30-199)	63,327		21,538	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:44 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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	326,781	0	326,781 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	464,754	0	464,754 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0	0	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<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	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	90.02
90.04	04953	PALLIATIVE CARE	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	0	418,385	0	418,385 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	1,209,920	0	1,209,920 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:44 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital 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	32,559,793	0.000000	0.000000	11,164,602	50.00
51.00	05100 RECOVERY ROOM	0	9,549,252	0.000000	0.000000	2,172,470	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,808,640	0.000000	0.000000	51,771	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	326,781	23,500,499	0.013905	0.013905	2,689,248	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	29,477,019	0.000000	0.000000	1,938,254	55.00
57.00	05700 CT SCAN	0	45,552,449	0.000000	0.000000	4,972,700	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,592,494	0.000000	0.000000	1,635,148	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	14,295,212	0.000000	0.000000	2,784,246	59.00
60.00	06000 LABORATORY	0	76,181,967	0.000000	0.000000	16,539,776	60.00
64.00	06400 INTRAVENOUS THERAPY	0	835,728	0.000000	0.000000	319,450	64.00
65.00	06500 RESPIRATORY THERAPY	0	14,989,380	0.000000	0.000000	5,967,161	65.00
66.00	06600 PHYSICAL THERAPY	0	11,426,282	0.000000	0.000000	1,183,493	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,030,668	0.000000	0.000000	779,281	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,275,620	0.000000	0.000000	168,518	68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,163,091	0.000000	0.000000	3,085,240	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,254,601	0.000000	0.000000	382,091	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	62,907,103	0.000000	0.000000	4,485,711	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	24,448,916	0.000000	0.000000	9,365,346	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	464,754	175,234,361	0.002652	0.002652	16,486,021	73.00
74.00	07400 RENAL DIALYSIS	0	2,195,444	0.000000	0.000000	1,361,098	74.00
76.00	03330 ENDOSCOPY	0	2,156,182	0.000000	0.000000	612,382	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	13,538,655	0.000000	0.000000	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	1,713,984	0.000000	0.000000	0	76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	0	10,308,790	0.000000	0.000000	0	76.03
76.04	03952 WOUND CARE CENTER	0	3,215,783	0.000000	0.000000	59,118	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	112,323,239	0.000000	0.000000	39,558	76.05
76.06	03953 IMAGING CENTERS	0	12,440,073	0.000000	0.000000	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	3,694,432	0.000000	0.000000	0	76.07
76.97	07697 CARDIAC REHABILITATION	0	801,222	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,677,024	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	311,679	0.000000	0.000000	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0	2,379,261	0.000000	0.000000	0	90.02
90.04	04953 PALLIATIVE CARE	0	266,785	0.000000	0.000000	0	90.04
90.05	04954 INFUSION CENTERS	0	2,209,224	0.000000	0.000000	0	90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	3,912,075	0.000000	0.000000	0	90.12
91.00	09100 EMERGENCY	418,385	112,779,817	0.003710	0.003710	9,904,511	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,677,905	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	1,209,920	865,684,649			98,147,194	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:44 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	4,203,377	0		50.00
51.00	05100 RECOVERY ROOM	0	58,108	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	37,394	3,967,206	55,164		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	16,293,255	0		55.00
57.00	05700 CT SCAN	0	8,341,203	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,245,095	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,583,276	0		59.00
60.00	06000 LABORATORY	0	2,093,792	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	3,681	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	563,216	0		65.00
66.00	06600 PHYSICAL THERAPY	0	589	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,584,499	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	775,508	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	508,520	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,101,861	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	43,721	85,679,042	227,221		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03330 ENDOSCOPY	0	570,770	0		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	230,750	0		76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	0	0	0		76.03
76.04	03952 WOUND CARE CENTER	0	1,867,308	0		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	7,354,947	0		76.05
76.06	03953 IMAGING CENTERS	0	3,033,932	0		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	345,526	0		76.07
76.97	07697 CARDIAC REHABILITATION	0	368,512	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,039,626	0		76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 DIABETIC CARE CENTER	0	187	0		90.01
90.02	04951 HEALTHY HEARTS CENTER	0	874,805	0		90.02
90.04	04953 PALLIATIVE CARE	0	0	0		90.04
90.05	04954 INFUSION CENTERS	0	1,052,905	0		90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0		90.12
91.00	09100 EMERGENCY	36,746	13,199,673	48,971		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,542,168	0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (Lines 50-199)	117,861	167,483,337	331,356		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 11:44 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	0.212108	4,203,377	0	891,570	50.00
51.00	05100 RECOVERY ROOM	0.205645	58,108	0	11,950	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.281361	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225544	3,967,206	0	894,780	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.190708	16,293,255	0	3,107,254	55.00
57.00	05700 CT SCAN	0.063853	8,341,203	0	532,611	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.125024	3,245,095	0	405,715	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.109114	2,583,276	0	281,872	59.00
60.00	06000 LABORATORY	0.121675	2,093,792	0	254,762	60.00
64.00	06400 INTRAVENOUS THERAPY	0.567807	3,681	0	2,090	64.00
65.00	06500 RESPIRATORY THERAPY	0.241979	563,216	0	136,286	65.00
66.00	06600 PHYSICAL THERAPY	0.467013	589	0	275	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.427870	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.162586	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.104125	4,584,499	0	477,361	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.490991	775,508	0	380,767	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.111076	508,520	0	56,484	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.483118	2,101,861	0	1,015,447	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.273839	85,679,042	0	23,462,263	73.00
74.00	07400 RENAL DIALYSIS	0.377096	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.255811	570,770	0	146,009	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.012429	0	0	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0.694815	230,750	0	160,329	76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	0.882354	0	0	0	76.03
76.04	03952 WOUND CARE CENTER	0.375709	1,867,308	0	701,564	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.294715	7,354,947	0	2,167,613	76.05
76.06	03953 IMAGING CENTERS	0.350654	3,033,932	0	1,063,860	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.585025	345,526	0	202,141	76.07
76.97	07697 CARDIAC REHABILITATION	0.553407	368,512	0	203,937	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.364141	1,039,626	0	378,570	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	1.954540	187	0	365	90.01
90.02	04951 HEALTHY HEARTS CENTER	0.694158	874,805	0	607,253	90.02
90.04	04953 PALLIATIVE CARE	2.940634	0	0	0	90.04
90.05	04954 INFUSION CENTERS	0.588361	1,052,905	0	619,488	90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.485514	0	0	0	90.12
91.00	09100 EMERGENCY	0.132840	13,199,673	0	1,753,445	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.164958	2,542,168	0	419,351	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		167,483,337	0	40,335,412	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		167,483,337	0	40,335,412	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part V Date/Time Prepared: 5/27/2014 11:44 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.)				
<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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	0	0			60.00
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
76.00	03330	ENDOSCOPY	0	0			76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0			76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0			76.03
76.04	03952	WOUND CARE CENTER	0	0			76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0			76.05
76.06	03953	IMAGING CENTERS	0	0			76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0			76.07
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0			76.98
<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	04950	DIABETIC CARE CENTER	0	0			90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0			90.02
90.04	04953	PALLIATIVE CARE	0	0			90.04
90.05	04954	INFUSION CENTERS	0	0			90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0			90.12
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00		Subtotal (see instructions)	0	0			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 +/- line 201)	0	0			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/27/2014 11:44 am
		Title XIX	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,219,661	0	4,219,661	50,015	84.37	30.00	
31.00	INTENSIVE CARE UNIT	390,160		390,160	3,093	126.14	31.00	
32.00	CORONARY CARE UNIT	547,628		547,628	6,764	80.96	32.00	
43.00	NURSERY	361,883		361,883	3,455	104.74	43.00	
200.00	Total (Lines 30-199)	5,519,332		5,519,332	63,327		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	8,274	698,077					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
43.00	NURSERY	382	40,011					43.00
200.00	Total (Lines 30-199)	8,656	738,088					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150074		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/27/2014 11:44 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	792,823	32,559,793	0.024350	1,012,854	24,663	50.00
51.00	05100	RECOVERY ROOM	209,125	9,549,252	0.021900	511,501	11,202	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	151,692	5,808,640	0.026115	2,880,044	75,212	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	712,153	23,500,499	0.030304	675,166	20,460	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	578,829	29,477,019	0.019637	493,892	9,699	55.00
57.00	05700	CT SCAN	167,461	45,552,449	0.003676	1,066,456	3,920	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	198,717	14,592,494	0.013618	347,378	4,731	58.00
59.00	05900	CARDIAC CATHETERIZATION	177,129	14,295,212	0.012391	413,332	5,122	59.00
60.00	06000	LABORATORY	347,316	76,181,967	0.004559	5,650,836	25,762	60.00
64.00	06400	INTRAVENOUS THERAPY	25,713	835,728	0.030767	78,193	2,406	64.00
65.00	06500	RESPIRATORY THERAPY	208,987	14,989,380	0.013942	1,459,991	20,355	65.00
66.00	06600	PHYSICAL THERAPY	465,571	11,426,282	0.040746	202,581	8,254	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,660	3,030,668	0.030574	129,170	3,949	67.00
68.00	06800	SPEECH PATHOLOGY	14,941	1,275,620	0.011713	57,956	679	68.00
69.00	06900	ELECTROCARDIOLOGY	91,030	17,163,091	0.005304	465,817	2,471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	141,985	3,254,601	0.043626	93,976	4,100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	155,047	62,907,103	0.002465	3,634,094	8,958	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	203,850	24,448,916	0.008338	1,006,718	8,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	874,360	175,234,361	0.004990	5,287,284	26,384	73.00
74.00	07400	RENAL DIALYSIS	14,781	2,195,444	0.006733	182,926	1,232	74.00
76.00	03330	ENDOSCOPY	26,737	2,156,182	0.012400	103,044	1,278	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	752,133	13,538,655	0.055554	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	42,153	1,713,984	0.024594	0	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	296,037	10,308,790	0.028717	0	0	76.03
76.04	03952	WOUND CARE CENTER	84,970	3,215,783	0.026423	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,059,583	112,323,239	0.009433	8,338	79	76.05
76.06	03953	IMAGING CENTERS	260,618	12,440,073	0.020950	950	20	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	75,276	3,694,432	0.020376	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	72,033	801,222	0.089904	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	54,577	2,677,024	0.020387	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	21,164	311,679	0.067903	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	127,671	2,379,261	0.053660	0	0	90.02
90.04	04953	PALLIATIVE CARE	36,729	266,785	0.137673	0	0	90.04
90.05	04954	INFUSION CENTERS	57,125	2,209,224	0.025857	0	0	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	90,411	3,912,075	0.023111	0	0	90.12
91.00	09100	EMERGENCY	1,108,169	112,779,817	0.009826	2,700,077	26,531	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	199,193	12,677,905	0.015712	137,456	2,160	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (Lines 50-199)	9,988,749	865,684,649		28,600,030	298,021	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150074		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/27/2014 11:44 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	50,015	0.00	8,274	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,093	0.00	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	6,764	0.00	0	0	0	32.00
43.00	04300	NURSERY	3,455	0.00	382	0	0	43.00
200.00		Total (lines 30-199)	63,327		8,656	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:44 am
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Cost Center Description		Title XIX				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0	0	0	0	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	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	326,781	0	326,781	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00	05700 CT SCAN	0	0	0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000 LABORATORY	0	0	0	0	0	60.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	464,754	0	464,754	73.00	
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03330 ENDOSCOPY	0	0	0	0	0	76.00	
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01	
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	0	0	0	0	76.02	
76.03	03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03	
76.04	03952 WOUND CARE CENTER	0	0	0	0	0	76.04	
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76.05	
76.06	03953 IMAGING CENTERS	0	0	0	0	0	76.06	
76.07	03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
<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	04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01	
90.02	04951 HEALTHY HEARTS CENTER	0	0	0	0	0	90.02	
90.04	04953 PALLIATIVE CARE	0	0	0	0	0	90.04	
90.05	04954 INFUSION CENTERS	0	0	0	0	0	90.05	
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12	
91.00	09100 EMERGENCY	0	0	418,385	0	418,385	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
200.00	Total (lines 50-199)	0	0	1,209,920	0	1,209,920	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:44 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	32,559,793	0.000000	0.000000	1,012,854	50.00
51.00	05100	RECOVERY ROOM	0	9,549,252	0.000000	0.000000	511,501	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,808,640	0.000000	0.000000	2,880,044	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	326,781	23,500,499	0.013905	0.013905	675,166	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29,477,019	0.000000	0.000000	493,892	55.00
57.00	05700	CT SCAN	0	45,552,449	0.000000	0.000000	1,066,456	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,592,494	0.000000	0.000000	347,378	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,295,212	0.000000	0.000000	413,332	59.00
60.00	06000	LABORATORY	0	76,181,967	0.000000	0.000000	5,650,836	60.00
64.00	06400	INTRAVENOUS THERAPY	0	835,728	0.000000	0.000000	78,193	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,989,380	0.000000	0.000000	1,459,991	65.00
66.00	06600	PHYSICAL THERAPY	0	11,426,282	0.000000	0.000000	202,581	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,030,668	0.000000	0.000000	129,170	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,275,620	0.000000	0.000000	57,956	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,163,091	0.000000	0.000000	465,817	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,254,601	0.000000	0.000000	93,976	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	62,907,103	0.000000	0.000000	3,634,094	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,448,916	0.000000	0.000000	1,006,718	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	464,754	175,234,361	0.002652	0.002652	5,287,284	73.00
74.00	07400	RENAL DIALYSIS	0	2,195,444	0.000000	0.000000	182,926	74.00
76.00	03330	ENDOSCOPY	0	2,156,182	0.000000	0.000000	103,044	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	13,538,655	0.000000	0.000000	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	1,713,984	0.000000	0.000000	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	10,308,790	0.000000	0.000000	0	76.03
76.04	03952	WOUND CARE CENTER	0	3,215,783	0.000000	0.000000	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	112,323,239	0.000000	0.000000	8,338	76.05
76.06	03953	IMAGING CENTERS	0	12,440,073	0.000000	0.000000	950	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	3,694,432	0.000000	0.000000	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	801,222	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,677,024	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	311,679	0.000000	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	2,379,261	0.000000	0.000000	0	90.02
90.04	04953	PALLIATIVE CARE	0	266,785	0.000000	0.000000	0	90.04
90.05	04954	INFUSION CENTERS	0	2,209,224	0.000000	0.000000	0	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	3,912,075	0.000000	0.000000	0	90.12
91.00	09100	EMERGENCY	418,385	112,779,817	0.003710	0.003710	2,700,077	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,677,905	0.000000	0.000000	137,456	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (Lines 50-199)	1,209,920	865,684,649			28,600,030	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:44 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		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
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,388	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,022	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03330 ENDOSCOPY	0	0	0		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	0	0		76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	0	0	0		76.03
76.04	03952 WOUND CARE CENTER	0	0	0		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	0	0		76.05
76.06	03953 IMAGING CENTERS	0	0	0		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	0	0		76.07
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
<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	04950 DIABETIC CARE CENTER	0	0	0		90.01
90.02	04951 HEALTHY HEARTS CENTER	0	0	0		90.02
90.04	04953 PALLIATIVE CARE	0	0	0		90.04
90.05	04954 INFUSION CENTERS	0	0	0		90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0		90.12
91.00	09100 EMERGENCY	10,017	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (Lines 50-199)	33,427	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 11:44 am
		Title XIX	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	0.212108	0	0	1,936,706	0	50.00
51.00	05100 RECOVERY ROOM	0.205645	0	0	384,629	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.281361	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225544	0	0	4,319,907	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.190708	0	0	2,178,155	0	55.00
57.00	05700 CT SCAN	0.063853	0	0	6,016,765	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.125024	0	0	1,342,659	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.109114	0	0	525,883	0	59.00
60.00	06000 LABORATORY	0.121675	0	0	6,318,037	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.567807	0	0	3,305	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.241979	0	0	322,965	0	65.00
66.00	06600 PHYSICAL THERAPY	0.467013	0	0	689,179	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.427870	0	0	255,091	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.162586	0	0	201,442	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.104125	0	0	869,846	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.490991	0	0	252,175	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.111076	0	0	1,831,040	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.483118	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.273839	0	0	1,983,541	0	73.00
74.00	07400 RENAL DIALYSIS	0.377096	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.255811	0	0	96,556	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.012429	0	0	0	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0.694815	0	0	1,129	0	76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	0.882354	0	0	0	0	76.03
76.04	03952 WOUND CARE CENTER	0.375709	0	0	279,008	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.294715	0	0	9,297,678	0	76.05
76.06	03953 IMAGING CENTERS	0.350654	0	0	1,002,663	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.585025	0	0	129,673	0	76.07
76.97	07697 CARDIAC REHABILITATION	0.553407	0	0	69,637	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.364141	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	1.954540	0	0	12,024	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0.694158	0	0	71,623	0	90.02
90.04	04953 PALLIATIVE CARE	2.940634	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	0.588361	0	0	723,850	0	90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.485514	0	0	0	0	90.12
91.00	09100 EMERGENCY	0.132840	0	0	27,545,109	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.164958	0	0	3,466,444	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		0	0	72,126,719	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	72,126,719	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 11:44 am	
		Title XIX	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	410,791	50.00
51.00	05100	RECOVERY ROOM	0	79,097	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	974,329	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	415,392	55.00
57.00	05700	CT SCAN	0	384,188	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	167,865	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	57,381	59.00
60.00	06000	LABORATORY	0	768,747	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,877	64.00
65.00	06500	RESPIRATORY THERAPY	0	78,151	65.00
66.00	06600	PHYSICAL THERAPY	0	321,856	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	109,146	67.00
68.00	06800	SPEECH PATHOLOGY	0	32,752	68.00
69.00	06900	ELECTROCARDIOLOGY	0	90,573	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	123,816	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	203,385	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	543,171	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	24,700	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	784	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	76.03
76.04	03952	WOUND CARE CENTER	0	104,826	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	2,740,165	76.05
76.06	03953	IMAGING CENTERS	0	351,588	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	75,862	76.07
76.97	07697	CARDIAC REHABILITATION	0	38,538	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
<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	04950	DIABETIC CARE CENTER	0	23,501	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	49,718	90.02
90.04	04953	PALLIATIVE CARE	0	0	90.04
90.05	04954	INFUSION CENTERS	0	425,885	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100	EMERGENCY	0	3,659,092	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	571,818	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	0	12,828,994	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	12,828,994	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 11:44 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)		50,015	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		50,015	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)		47,654	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)		14,834	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)		44,302,136	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)		44,302,136	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)		44,302,136	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)		885.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,139,661	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		13,139,661	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 11:44 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,819,619	3,093	1,558.23	2,682	4,179,173	43.00
44.00	CORONARY CARE UNIT	6,676,253	6,764	987.03	4,022	3,969,835	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,260,728	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,549,397	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,915,473	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,196,160	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,111,633	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,437,764	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)					2,361	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					885.78	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,091,327	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 11:44 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	4,219,661	44,302,136	0.095247	2,091,327	199,193	90.00
91.00	Nursing School cost	0	44,302,136	0.000000	2,091,327	0	91.00
92.00	Allied health cost	0	44,302,136	0.000000	2,091,327	0	92.00
93.00	All other Medical Education	0	44,302,136	0.000000	2,091,327	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2014 11:44 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		50,015	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		50,015	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)		47,654	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)		8,274	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)		3,455	15.00
16.00	Nursery days (title V or XIX only)		382	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)		44,302,136	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)		44,302,136	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)		44,302,136	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)		885.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,328,944	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,328,944	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 11:44 am		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	3,800,753	3,455	1,100.07	382	420,227	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,819,619	3,093	1,558.23	0	0	43.00
44.00	CORONARY CARE UNIT	6,676,253	6,764	987.03	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,693,877	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					13,443,048	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)					738,088	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					331,448	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,069,536	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,373,512	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)					2,361	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					885.78	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,091,327	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 11:44 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,219,661	44,302,136	0.095247	2,091,327	199,193	90.00
91.00	Nursing School cost	0	44,302,136	0.000000	2,091,327	0	91.00
92.00	Allied health cost	0	44,302,136	0.000000	2,091,327	0	92.00
93.00	All other Medical Education	0	44,302,136	0.000000	2,091,327	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 11:44 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		23,435,278	30.00
31.00	03100	INTENSIVE CARE UNIT		3,807,446	31.00
32.00	03200	CORONARY CARE UNIT		5,923,445	32.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.212108	11,164,602	50.00
51.00	05100	RECOVERY ROOM	0.205645	2,172,470	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.281361	51,771	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.225544	2,689,248	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.190708	1,938,254	55.00
57.00	05700	CT SCAN	0.063853	4,972,700	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.125024	1,635,148	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.109114	2,784,246	59.00
60.00	06000	LABORATORY	0.122152	16,539,776	60.00
64.00	06400	INTRAVENOUS THERAPY	0.567807	319,450	64.00
65.00	06500	RESPIRATORY THERAPY	0.241979	5,967,161	65.00
66.00	06600	PHYSICAL THERAPY	0.467013	1,183,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.427870	779,281	67.00
68.00	06800	SPEECH PATHOLOGY	0.162586	168,518	68.00
69.00	06900	ELECTROCARDIOLOGY	0.104125	3,085,240	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.495397	382,091	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.111076	4,485,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.483118	9,365,346	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273839	16,486,021	73.00
74.00	07400	RENAL DIALYSIS	0.377096	1,361,098	74.00
76.00	03330	ENDOSCOPY	0.255811	612,382	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.012429	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0.694815	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0.882354	0	76.03
76.04	03952	WOUND CARE CENTER	0.375900	59,118	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.295230	39,558	76.05
76.06	03953	IMAGING CENTERS	0.350654	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.585025	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.553407	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.364141	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	1.954540	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.694158	0	90.02
90.04	04953	PALLIATIVE CARE	2.940634	0	90.04
90.05	04954	INFUSION CENTERS	0.588361	0	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.485514	0	90.12
91.00	09100	EMERGENCY	0.133116	9,904,511	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.164958	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		98,147,194	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)		98,147,194	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 11:44 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		20,266,266	30.00
31.00	03100	INTENSIVE CARE UNIT		967,997	31.00
32.00	03200	CORONARY CARE UNIT		1,122,731	32.00
43.00	04300	NURSERY		1,051,639	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.212108	1,012,854	50.00
51.00	05100	RECOVERY ROOM	0.205645	511,501	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.281361	2,880,044	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.225544	675,166	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.190708	493,892	55.00
57.00	05700	CT SCAN	0.063853	1,066,456	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.125024	347,378	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.109114	413,332	59.00
60.00	06000	LABORATORY	0.122152	5,650,836	60.00
64.00	06400	INTRAVENOUS THERAPY	0.567807	78,193	64.00
65.00	06500	RESPIRATORY THERAPY	0.241979	1,459,991	65.00
66.00	06600	PHYSICAL THERAPY	0.467013	202,581	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.427870	129,170	67.00
68.00	06800	SPEECH PATHOLOGY	0.162586	57,956	68.00
69.00	06900	ELECTROCARDIOLOGY	0.104125	465,817	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.495397	93,976	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.111076	3,634,094	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.483118	1,006,718	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273839	5,287,284	73.00
74.00	07400	RENAL DIALYSIS	0.377096	182,926	74.00
76.00	03330	ENDOSCOPY	0.255811	103,044	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.012429	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0.694815	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0.882354	0	76.03
76.04	03952	WOUND CARE CENTER	0.375900	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.295230	8,338	76.05
76.06	03953	IMAGING CENTERS	0.350654	950	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.585025	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.553407	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.364141	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	1.954540	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.694158	0	90.02
90.04	04953	PALLIATIVE CARE	2.940634	0	90.04
90.05	04954	INFUSION CENTERS	0.588361	0	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.485514	0	90.12
91.00	09100	EMERGENCY	0.133116	2,700,077	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.164958	137,456	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		28,600,030	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)		28,600,030	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 11:44 am
		Title XVII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		23,713,445	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		8,158,144	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		678,075	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		9,460,142	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		209.53	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)		21.09	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		-5.09	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.		4.79	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)		20.79	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		23.44	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		20.79	12.00
13.00	Total allowable FTE count for the prior year.		21.49	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.		19.34	14.00
15.00	Sum of lines 12 through 14 divided by 3.		20.54	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		20.54	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.098029	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.086415	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.086415	21.00
22.00	IME payment adjustment (see instructions)		1,904,773	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)		2.65	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment ( sum of lines 22 and 28)		1,904,773	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.62	30.00
31.00	Percentage of Medicaid patient days (see instructions)		29.99	31.00
32.00	Sum of lines 30 and 31		39.61	32.00
33.00	Allowable disproportionate share percentage (see instructions)		21.89	33.00
34.00	Disproportionate share adjustment (see instructions)		5,637,327	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 11:44 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000547382	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			4,951,829	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			1,248,133	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,248,133		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)			41,339,897	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)			41,339,897	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			2,931,185	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).			386,701	52.00
53.00	Nursing and Allied Health Managed Care payment			108,850	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)			117,861	58.00
59.00	Total (sum of amounts on lines 49 through 58)			44,884,494	59.00
60.00	Primary payer payments			5,826	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			44,878,668	61.00
62.00	Deductibles billed to program beneficiaries			3,630,636	62.00
63.00	Coinurance billed to program beneficiaries			144,082	63.00
64.00	Allowable bad debts (see instructions)			783,239	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			509,105	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			655,697	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			41,613,055	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER PSR ADJUSTMENTS			-8,890	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			-100,862	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 11:44 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		41,503,303		71.00
71.01	Sequestration adjustment (see instructions)		626,700		71.01
72.00	Interim payments		40,353,105		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		523,498		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		10,406,780		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 11:44 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40,004,056	2.00
3.00	PPS payments		32,634,379	3.00
4.00	Outlier payment (see instructions)		323,856	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.310	5.00
6.00	Line 2 times line 5		12,401,257	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		331,356	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		33,289,591	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,673,134	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)		26,616,457	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		366,580	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)		26,983,037	30.00
31.00	Primary payer payments		5,453	31.00
32.00	Subtotal (line 30 minus line 31)		26,977,584	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)		1,026,787	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		667,412	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		885,208	36.00
37.00	Subtotal (see instructions)		27,644,996	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		27,644,996	40.00
40.01	Sequestration adjustment (see instructions)		417,439	40.01
41.00	Interim payments		26,837,877	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		389,680	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: 150074

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2014 11:44 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		40,353,105		26,837,877	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		40,353,105		26,837,877	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		523,498		389,680	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		40,876,603		27,227,557	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150074

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/27/2014 11:44 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			12,635 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			21,538 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			5,934 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			57,511 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			973,388,327 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			41,213,574 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,607,582 8.00
9.00	Sequestration adjustment amount (see instructions)			32,152 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,575,430 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,526,674 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)			48,756 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part IV Date/Time Prepared: 5/27/2014 11:44 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART IV - MEDICARE PART A SERVICES - LTCH PPS</b>				
1.00	Net Federal PPS Payments (see instructions)		0	1.00
2.00	Outlier Payments		0	2.00
3.00	Total PPS Payments (sum of lines 1 and 2)		0	3.00
4.00	Nursing and Allied Health Managed Care payments (see instructions)		0	4.00
5.00	Organ acquisition (DO NOT USE THIS LINE)			5.00
6.00	Cost of teaching physicians		0	6.00
7.00	Subtotal (see instructions)		0	7.00
8.00	Primary payer payments		0	8.00
9.00	Subtotal (line 7 less line 8).		0	9.00
10.00	Deductibles		0	10.00
11.00	Subtotal (line 9 minus line 10)		0	11.00
12.00	Coinsurance		0	12.00
13.00	Subtotal (line 11 minus line 12)		0	13.00
14.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	14.00
15.00	Adjusted reimbursable bad debts (see instructions)		0	15.00
16.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	16.00
17.00	Subtotal (sum of lines 13 and 15)		0	17.00
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	18.00
19.00	Other pass through costs (see instructions)		0	19.00
20.00	Outlier payments reconciliation		0	20.00
21.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	21.00
21.99	Recovery of Accelerated Depreciation		0	21.99
22.00	Total amount payable to the provider (see instructions)		0	22.00
22.01	Sequestration adjustment (see instructions)		0	22.01
23.00	Interim payments		0	23.00
24.00	Tentative settlement (for contractor use only)		0	24.00
25.00	Balance due provider/program (line 22 minus lines 22.01, 23 and 24)		0	25.00
26.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	26.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part IV, line 2		0	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: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2014 11:44 am
		Title XIX	Hospital	PPS
		Inpatient	Outpatient	
		1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		12,828,994	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	12,828,994	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	12,828,994	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	28,600,030	72,126,719	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	28,600,030	72,126,719	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	28,600,030	72,126,719	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	28,600,030	59,297,725	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	12,828,994	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	33,427	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	33,427	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	51,968,663	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	33,427	12,828,994	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	33,427	12,828,994	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	33,427	12,828,994	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	33,427	12,828,994	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	33,427	12,828,994	40.00
41.00	Interim payments	13,548,395	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	-13,514,968	12,828,994	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 11:44 am	
		Title XVII I	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.			24.75	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			2.07	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))			-5.09	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			4.69	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)			22.28	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			23.44	6.00
7.00	Enter the lesser of line 5 or line 6			22.28	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.	23.44	0.00	23.44	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.	22.28	0.00	22.28	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	22.28	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	20.49	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	19.46	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	20.74	0.00		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	20.74	0.00		17.00
18.00	Per resident amount	78,428.06	0.00		18.00
19.00	Approved amount for resident costs	1,626,598	0	1,626,598	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)			1.16	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,626,598	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	21,538	5,934		26.00
27.00	Total Inpatient Days (see instructions)	57,511	57,511		27.00
28.00	Ratio of inpatient days to total inpatient days	0.374502	0.103180		28.00
29.00	Program direct GME amount	609,164	167,832		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		23,715		30.00
31.00	Net Program direct GME amount			753,281	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 11:44 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)		2,195,444	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)		42,549,397	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)		5,826	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		42,543,571	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		40,335,412	42.00
43.00	Primary payer payments (see instructions)		5,453	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		40,329,959	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		82,873,530	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.513355	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.486645	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		753,281	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		386,701	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		366,580	50.00

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

Provider CCN: 150074

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

Worksheet G

Date/Time Prepared:  
5/27/2014 11:44 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	127,199,449	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	25,147,759	0	0	0	3.00
4.00	Accounts receivable	26,822,395	0	0	0	4.00
5.00	Other receivable	9,556,796	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	16,849,493	0	0	0	6.00
7.00	Inventory	4,339,417	0	0	0	7.00
8.00	Prepaid expenses	5,007,557	0	0	0	8.00
9.00	Other current assets	39,785,071	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)	254,707,937	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,432,807	0	0	0	12.00
13.00	Land improvements	4,080,044	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	190,236,322	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	15,754,637	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	14,265,238	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	256,851,112	0	0	0	23.00
24.00	Accumulated depreciation	-317,492,703	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)	166,127,457	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	427,591,581	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	-91,136,874	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	336,454,707	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	757,290,101	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	42,414,498	0	0	0	37.00
38.00	Salaries, wages, and fees payable	26,941,107	0	0	0	38.00
39.00	Payroll taxes payable	13,238,199	0	0	0	39.00
40.00	Notes and loans payable (short term)	17,048,610	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	44,334,901	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	143,977,315	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	625,504,179	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	88,876,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	714,380,179	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	858,357,494	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-101,067,393				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-101,067,393	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	757,290,101	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150074

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

Worksheet G-1

Date/Time Prepared:  
5/27/2014 11:44 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		-220,487,409		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		42,569,454				2.00
3.00	Total (sum of line 1 and line 2)		-177,917,955		0		3.00
4.00	OTHER FUND BALANCE ACTIVITY	76,850,562		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		76,850,562		0		10.00
11.00	Subtotal (line 3 plus line 10)		-101,067,393		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-101,067,393		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	OTHER FUND BALANCE ACTIVITY		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150074

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/27/2014 11:44 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	88,656,878		88,656,878	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	88,656,878		88,656,878	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,537,255		9,537,255	11.00
12.00	CORONARY CARE UNIT	13,711,864		13,711,864	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	23,249,119		23,249,119	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	111,905,997		111,905,997	17.00
18.00	Ancillary services	241,400,051	739,452,689	980,852,740	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	353,306,048	739,452,689	1,092,758,737	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		404,627,480		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		404,627,480		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150074

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

Worksheet G-3

Date/Time Prepared:  
5/27/2014 11:44 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,092,758,737	1.00
2.00	Less contractual allowances and discounts on patients' accounts	684,240,047	2.00
3.00	Net patient revenues (line 1 minus line 2)	408,518,690	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	404,627,480	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,891,210	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	635,356	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	33,135	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	210,425	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	134,500	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	37,664,828	24.00
25.00	Total other income (sum of lines 6-24)	38,678,244	25.00
26.00	Total (line 5 plus line 25)	42,569,454	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	42,569,454	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 150074

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

Worksheet I-5

Date/Time Prepared:  
5/27/2014 11:44 am

		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	0	0	2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150074	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/27/2014 11:44 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		2,535,216	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		90,221	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		159.22	3.00
4.00	Number of interns & residents (see instructions)		20.54	4.00
5.00	Indirect medical education percentage (see instructions)		3.71	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		94,057	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.62	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		29.99	8.00
9.00	Sum of lines 7 and 8		39.61	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.35	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		211,691	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,931,185	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