

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: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/29/2014 9:57 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2014 Time: 9:57 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 01001 7. Contractor No. 01001 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ELIZABETH CENTRAL (150003) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	134,010	-24,643	-118,527	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
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	134,010	-24,643	-118,527	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150003		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 9:44 am			
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1501 HARTFORD STREET		PO Box:				1.00		
2.00	City: LAFAYETTE		State: IN		Zip Code: 47904-		County: TIPPECANOE		
		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
		Component Identification:							
3.00	Hospital		ST. ELIZABETH CENTRAL		150003	29140	1	07/01/1966	N P O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice		ST. ELIZABETH HOSPICE		151563	29140		01/01/1984	
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2013	12/31/2013	20.00
21.00	Type of Control (see instructions)						1		21.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N	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.			922	146	4	0	180	35
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 paid 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	
							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

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
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)			N	63.00	
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
64.00	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. 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
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						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)				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y			
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2			
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	633,455	187,000	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			
119.00	DO NOT USE THIS LINE					
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	158014		

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: FRANCISCAN ALLIANCE, INC.	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 1515 DRAGOON TRAIL	PO Box: 1290				142.00	
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546-1290		143.00	
						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	
161.10	CORF		N	N	N	161.10	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					1.00	169.00
						1.00	
						2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			01/01/2013	12/31/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 9:44 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)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/30/2014	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/24/2014	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: 150003

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2014 9:44 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	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVID		OSTHEIMER	41.00
42.00	Enter the employer/company name of the cost report preparer.	FSEH -CENTRAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-428-5925		DAVID.OSTHEIMER@FRANCISCANAL LIANCE.0	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 9:44 am
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		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/24/2014		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	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		DIRECTOR OF ACCOUNTING	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: 150003

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 9:44 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	85	31,025	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)		85	31,025	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	9	3,285	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		94	34,310	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						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	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		94				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: 150003

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 9:44 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)	5,499	1,107	8,732			1.00
2.00 HMO and other (see instructions)	812	180				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	5,499	1,107	8,732			7.00
8.00 INTENSIVE CARE UNIT	941	0	1,747			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		0	0			13.00
14.00 Total (see instructions)	6,440	1,107	10,479	0.00	530.54	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						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	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	530.54	27.00
28.00 Observation Bed Days		135	621			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150003

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 9:44 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	1,407	242	2,204	1.00
2.00 HMO and other (see instructions)				170			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		1,407	242	2,204	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	0	18.00
19.00 SKILLED NURSING FACILITY							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	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
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: 150003

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2014 9:44 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	32,111,950	-7,884,278	24,227,672	1,103,526.00	21.95
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,227,310	112,012	6,339,322	232,007.00	27.32
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		40,647	0	40,647	685.00	59.34
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		2,651,307	0	2,651,307	47,721.00	55.56
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		12,120,675	0	12,120,675		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,611,923	0	1,611,923		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	479,613	479,613	6,618.00	72.47
27.00	Administrative & General	5.00	4,746,802	-3,594,483	1,152,319	77,686.00	14.83
28.00	Administrative & General under contract (see inst.)		364,310	0	364,310	5,824.21	62.55
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,460,809	-790,671	670,138	26,453.00	25.33
31.00	Laundry & Linen Service	8.00	159,504	-114,589	44,915	2,075.00	21.65
32.00	Housekeeping	9.00	831,776	0	831,776	65,972.00	12.61
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	555,795	-200,920	354,875	27,106.00	13.09
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	195,789	200,920	396,709	31,225.00	12.70
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	100,382	518,539	618,921	21,037.00	29.42
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	1,158,833	0	1,158,833	29,916.00	38.74
41.00	Medical Records & Medical Records Library	16.00	60,451	139,313	199,764	11,437.00	17.47

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150003

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2014 9:44 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	0	115,727	115,727	4,583.00	25.25	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: 150003

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2014 9:44 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	32,476,260	-7,884,278	24,591,982	1,109,350.21	22.17	1.00
2.00	Excluded area salaries (see instructions)	6,227,310	112,012	6,339,322	232,007.00	27.32	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26,248,950	-7,996,290	18,252,660	877,343.21	20.80	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,691,954	0	2,691,954	48,406.00	55.61	4.00
5.00	Subtotal wage-related costs (see inst.)	12,120,675	0	12,120,675	0.00	66.40	5.00
6.00	Total (sum of lines 3 thru 5)	41,061,579	-7,996,290	33,065,289	925,749.21	35.72	6.00
7.00	Total overhead cost (see instructions)	9,634,451	-3,246,551	6,387,900	309,932.21	20.61	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2014 9:44 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		207,110	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		2,402,534	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		5,795,899	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		-19,231	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		11,437	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)		85,169	14.00
15.00	'Workers' Compensation Insurance		116,664	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		2,631,533	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		30,140	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		50,764	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		11,312,019	24.00
Part B - Other than Core Related Cost				
25.00	EMPLOYEE ASSISTANCE		379,615	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/29/2014 9:44 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150003 Component CCN: 151563	Period: From 01/01/2013 To 12/31/2013	Worksheet S-9 Parts I & II Date/Time Prepared: 5/29/2014 9:44 am
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	12,489	515	0	0	254	13,258	2.00
3.00	Inpatient Respite Care	34	4	0	0	0	38	3.00
4.00	General Inpatient Care	33	3	0	0	0	36	4.00
5.00	Total Hospice Days	12,556	522	0	0	254	13,332	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	287	11	0	0	25	323	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	43.75	47.45	0.00	0.00	10.16	41.28	8.00
9.00	Unduplicated Census Count	269	0	0	0	0	269	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/29/2014 9:44 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.332607	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		6,682,387	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		26,331,663	6.00	
7.00	Medicaid cost (line 1 times line 6)		8,758,095	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)		2,075,708	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,075,708	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	7,768,908	105,596	7,874,504	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,583,993	35,122	2,619,115	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,583,993	35,122	2,619,115	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		4,752,997	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		252,795	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,500,202	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,496,799	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,115,914	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,191,622	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150003

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

Worksheet A
Date/Time Prepared:
5/29/2014 9:44 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	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	355,251	355,251	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	264,441	264,441	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.02	00510	MGMT INFO SYSTEMS	0	0	0	0	5.02
5.03	00512	PURCHASING	0	0	0	0	5.03
5.04	00513	ADMINISTRATIVE	493,888	3,301	497,189	497,189	5.04
5.05	00514	PATIENT ACCOUNTING	980,538	4,501,318	5,481,856	5,481,856	5.05
5.06	00560	ADMINISTRATIVE AND GENERAL	3,272,376	2,546,934	5,819,310	5,738,077	5.06
7.00	00700	OPERATION OF PLANT	1,460,809	1,370,646	2,831,455	2,830,930	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	159,504	661,641	821,145	821,145	8.00
9.00	00900	HOUSEKEEPING	831,776	276,860	1,108,636	1,108,636	9.00
10.00	01000	DIETARY	555,795	268,477	824,272	551,772	10.00
11.00	01100	CAFETERIA	195,789	148,528	344,317	616,817	11.00
13.00	01300	NURSING ADMINISTRATION	100,382	-4,566	95,816	95,816	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	1,158,833	2,013,766	3,172,599	1,496,126	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	60,451	164,579	225,030	95,040	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	2,472,964	296,363	2,769,327	2,963,844	20.00
23.00	02300	PARAMEDICAL PRGM	162,133	11,155	173,288	173,288	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,300,458	307,268	3,607,726	3,354,100	30.00
31.00	03100	INTENSIVE CARE UNIT	2,765,995	290,511	3,056,506	2,810,276	31.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,058,911	498,263	1,557,174	1,161,002	54.00
56.00	05600	RADIOISOTOPE	144,143	440,317	584,460	584,458	56.00
56.02	05602	MRI	57,025	15,226	72,251	65,072	56.02
56.03	05603	ULTRASOUND	117,767	6,903	124,670	117,861	56.03
57.00	05700	CT SCAN	371,232	61,279	432,511	377,454	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	4,711,997	4,711,997	4,704,616	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	717,878	199,417	917,295	807,379	65.00
66.00	06600	PHYSICAL THERAPY	3,811,973	511,442	4,323,415	3,891,137	66.00
68.00	06800	SPEECH PATHOLOGY	557,249	8,939	566,188	565,470	68.00
69.00	06900	ELECTROCARDIOLOGY	876,155	1,625,505	2,501,660	2,488,530	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,929,525	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,662,274	73.00
74.00	07400	RENAL DIALYSIS	0	407,331	407,331	407,331	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	340,845	340,845	338,305	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	1,803,273	345,176	2,148,449	1,981,609	91.00
91.01	09101	WOUND CARE	1,000,642	520,151	1,520,793	1,073,340	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,015,599	728,431	2,744,030	2,586,869	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	31,798	1,575	33,373	33,373	97.00
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	1,133,325	486,959	1,620,284	1,404,989	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	31,668,661	23,766,537	55,435,198	55,435,198	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	156,473	135,676	292,149	292,149	194.00
194.01	07951	SETON LEASE 1 NORTH	286,816	13,880	300,696	300,696	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150003		Period: From 01/01/2013 To 12/31/2013		Worksheet A Date/Time Prepared: 5/29/2014 9:44 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
194.03 07953 HHA (FSEH-E)	0	0	0	0	0	0	194.03
194.04 07956 PSYCH (FSEH-E)	0	0	0	0	0	0	194.04
194.05 07955 VACANT SPACE	0	0	0	0	0	0	194.05
200.00 TOTAL (SUM OF LINES 118-199)	32,111,950	23,916,093	56,028,043	0	56,028,043	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150003

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

Worksheet A
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,921,963	3,277,214	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,459,040	1,723,481	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,697,493	13,697,493	4.00
5.02	00510	MGMT INFO SYSTEMS	134,616	134,616	5.02
5.03	00512	PURCHASING	103,011	103,011	5.03
5.04	00513	ADMITTING	-437,744	59,445	5.04
5.05	00514	PATIENT ACCOUNTING	-5,138,808	343,048	5.05
5.06	00560	ADMINISTRATIVE AND GENERAL	447,707	6,185,784	5.06
7.00	00700	OPERATION OF PLANT	-560,281	2,270,649	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-589,917	231,228	8.00
9.00	00900	HOUSEKEEPING	0	1,108,636	9.00
10.00	01000	DIETARY	-81,264	470,508	10.00
11.00	01100	CAFETERIA	-330,582	286,235	11.00
13.00	01300	NURSING ADMINISTRATION	532,594	628,410	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-186,034	1,310,092	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	148,395	243,435	16.00
17.00	01700	SOCIAL SERVICE	116,820	116,820	17.00
20.00	02000	NURSING SCHOOL	-13,309	2,950,535	20.00
23.00	02300	PARAMED ED PRGM	100,579	273,867	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,408,391	-54,291	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,810,276	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,161,002	54.00
56.00	05600	RADIOISOTOPE	-2,305	582,153	56.00
56.02	05602	MRI	0	65,072	56.02
56.03	05603	ULTRASOUND	0	117,861	56.03
57.00	05700	CT SCAN	0	377,454	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	113,290	4,817,906	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,019	808,398	65.00
66.00	06600	PHYSICAL THERAPY	-2,747,654	1,143,483	66.00
68.00	06800	SPEECH PATHOLOGY	0	565,470	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,297,971	1,190,559	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	881,863	881,863	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	868,777	2,798,302	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	106,410	106,410	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,662,274	73.00
74.00	07400	RENAL DIALYSIS	-376,655	30,676	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	338,305	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	356	1,981,965	91.00
91.01	09101	WOUND CARE	0	1,073,340	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-82,638	2,504,231	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	33,373	97.00
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-1,416	1,403,573	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,378,964	61,814,162	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	292,149	194.00
194.01	07951	SETON LEASE 1 NORTH	0	300,696	194.01
194.02	07952	REHAB (FSEH-E)	0	0	194.02
194.03	07953	HHA (FSEH-E)	0	0	194.03
194.04	07956	PSYCH (FSEH-E)	0	0	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150003

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

Worksheet A
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
194.05	07955	VACANT SPACE	6.00	7.00	
			0	0	194.05
200.00		TOTAL (SUM OF LINES 118-199)	6,378,964	62,407,007	200.00

RECLASSIFICATIONS

Provider CCN: 150003

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 9:44 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING RENTAL					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	355,251	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
TOTALS			0	355,251	
B - EQUIPMENT RENTAL					
1.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	264,441	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
TOTALS			0	264,441	
C - CAFETERIA					
1.00	CAFETERIA	11.00	200,920	71,580	1.00
TOTALS			200,920	71,580	
D - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,929,525	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
TOTALS			0	1,929,525	
E - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,662,274	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
TOTALS			0	1,662,274	
F - FSEH - SHARED SERVICES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	479,613	0	1.00
2.00	PURCHASING	5.03	74,641	0	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.06	547,041	0	3.00
4.00	OPERATION OF PLANT	7.00	365,772	0	4.00
5.00	NURSING ADMINISTRATION	13.00	518,539	0	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	230,793	0	6.00
7.00	SOCIAL SERVICE	17.00	115,727	0	7.00
8.00	RESPIRATORY THERAPY	65.00	4,961	0	8.00
9.00	PHYSICAL THERAPY	66.00	116,359	0	9.00
10.00	EMERGENCY	91.00	30,393	0	10.00
11.00	ADMINISTRATIVE	5.04	0	434,838	11.00
12.00	PATIENT ACCOUNTING	5.05	0	863,303	12.00
13.00	ADMINISTRATIVE AND GENERAL	5.06	0	2,881,125	13.00

RECLASSIFICATIONS

Provider CCN: 150003

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

Worksheet A-6

Date/Time Prepared:
5/29/2014 9:44 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
14.00	OPERATION OF PLANT	7.00	0	1,156,443	14.00
15.00	LAUNDRY & LINEN SERVICE	8.00	0	114,589	15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	49,164	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	350,787	17.00
	TOTALS		2,483,839	5,850,249	
G - PURCHASED SERVICES					
1.00	ADULTS & PEDIATRICS	30.00	0	3,084,436	1.00
2.00	LABORATORY	60.00	24,914	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	2,681,738	3.00
4.00	ELECTROCARDIOLOGY	69.00	460,921	0	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	762,471	0	5.00
	TOTALS		1,248,306	5,766,174	
H - NURSING SCHOOL					
1.00	NURSING SCHOOL	20.00	112,012	92,355	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		112,012	92,355	
500.00	Grand Total: Increases		4,045,077	15,991,849	500.00

RECLASSIFICATIONS

Provider CCN: 150003

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 9:44 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - BUILDING RENTAL							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	38,333	10		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	272,959	10		2.00
3.00	LABORATORY	60.00	0	7,346	10		3.00
4.00	PHYSICAL THERAPY	66.00	0	13,863	10		4.00
5.00	AMBULANCE SERVICES	95.00	0	22,750	10		5.00
	TOTALS		0	355,251			
B - EQUIPMENT RENTAL							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,320	10		1.00
2.00	OPERATION OF PLANT	7.00	0	525	10		2.00
3.00	PHARMACY	15.00	0	231,834	10		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,320	10		4.00
5.00	RESPIRATORY THERAPY	65.00	0	6,203	10		5.00
6.00	PHYSICAL THERAPY	66.00	0	22,579	10		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	660	10		7.00
	TOTALS		0	264,441			
C - CAFETERIA							
1.00	DIETARY	10.00	200,920	71,580	0		1.00
	TOTALS		200,920	71,580			
D - MEDICAL SUPPLIES							
1.00	PHARMACY	15.00	0	75,706	0		1.00
2.00	NURSING SCHOOL	20.00	0	6,937	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	198,506	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	224,993	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	120,440	0		5.00
6.00	RADIOISOTOPE	56.00	0	2	0		6.00
7.00	MRI	56.02	0	860	0		7.00
8.00	ULTRASOUND	56.03	0	6,731	0		8.00
9.00	CT SCAN	57.00	0	39,534	0		9.00
10.00	LABORATORY	60.00	0	35	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	103,294	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	394,186	0		12.00
13.00	SPEECH PATHOLOGY	68.00	0	718	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	12,470	0		14.00
15.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,535	0		15.00
16.00	EMERGENCY	91.00	0	163,677	0		16.00
17.00	WOUND CARE	91.01	0	442,081	0		17.00
18.00	AMBULANCE SERVICES	95.00	0	110,674	0		18.00
19.00	HOSPICE	116.00	0	26,146	0		19.00
	TOTALS		0	1,929,525			
E - DRUGS							
1.00	PHARMACY	15.00	0	1,368,933	0		1.00
2.00	NURSING SCHOOL	20.00	0	2,913	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	22,323	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	21,237	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,453	0		5.00
6.00	MRI	56.02	0	6,319	0		6.00
7.00	ULTRASOUND	56.03	0	78	0		7.00
8.00	CT SCAN	57.00	0	15,523	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	419	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	1,650	0		10.00
11.00	HYPERBARIC OXYGEN THERAPY	76.98	0	5	0		11.00
12.00	EMERGENCY	91.00	0	3,163	0		12.00
13.00	WOUND CARE	91.01	0	5,372	0		13.00
14.00	AMBULANCE SERVICES	95.00	0	23,737	0		14.00
15.00	HOSPICE	116.00	0	189,149	0		15.00
	TOTALS		0	1,662,274			
F - FSEH - SHARED SERVICES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	479,613	0		1.00
2.00	PURCHASING	5.03	0	74,641	0		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.06	0	547,041	0		3.00
4.00	OPERATION OF PLANT	7.00	0	365,772	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	518,539	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	230,793	0		6.00
7.00	SOCIAL SERVICE	17.00	0	115,727	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	4,961	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	116,359	0		9.00
10.00	EMERGENCY	91.00	0	30,393	0		10.00
11.00	ADMITTING	5.04	434,838	0	0		11.00
12.00	PATIENT ACCOUNTING	5.05	863,303	0	0		12.00
13.00	ADMINISTRATIVE AND GENERAL	5.06	2,881,125	0	0		13.00
14.00	OPERATION OF PLANT	7.00	1,156,443	0	0		14.00
15.00	LAUNDRY & LINEN SERVICE	8.00	114,589	0	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	49,164	0	0		16.00

RECLASSIFICATIONS

Provider CCN: 150003

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
17.00	ELECTROCARDIOLOGY	69.00	350,787	0	0	17.00	
	TOTALS		5,850,249	2,483,839			
G - PURCHASED SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	3,084,436	0	0	1.00	
2.00	LABORATORY	60.00	0	24,914	0	2.00	
3.00	PHYSICAL THERAPY	66.00	2,681,738	0	0	3.00	
4.00	ELECTROCARDIOLOGY	69.00	0	460,921	0	4.00	
5.00	ELECTROENCEPHALOGRAPHY	70.00	0	762,471	0	5.00	
	TOTALS		5,766,174	1,248,306			
H - NURSING SCHOOL							
1.00	ADMINISTRATIVE AND GENERAL	5.06	36,899	4,681	0	1.00	
2.00	MEDICAL RECORDS & LIBRARY	16.00	42,316	87,674	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	32,797	0	0	3.00	
	TOTALS		112,012	92,355			
500.00	Grand Total: Decreases		11,929,355	8,107,571		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150003

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2014 9:44 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,069,381	725,000	0	725,000	0	1.00
2.00	Land Improvements	2,529,255	32,829	0	32,829	0	2.00
3.00	Buildings and Fixtures	189,915,561	75,227	0	75,227	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	74,379,249	0	0	0	13,472,806	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	271,893,446	833,056	0	833,056	13,472,806	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	271,893,446	833,056	0	833,056	13,472,806	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,794,381	0				1.00
2.00	Land Improvements	2,562,084	0				2.00
3.00	Buildings and Fixtures	189,990,788	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	60,906,443	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	259,253,696	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	259,253,696	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150003

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2014 9:44 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW 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: 150003

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2014 9:44 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	2,525,873	355,251	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,266,127	264,441	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,792,000	619,692	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	396,090	0	0	0	3,277,214	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	192,913	0	0	0	1,723,481	2.00
3.00	Total (sum of lines 1-2)	589,003	0	0	0	5,000,695	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150003

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

Worksheet A-8

Date/Time Prepared:
5/29/2014 9:44 am

Line #	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.	Ref.
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-50,066	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-24,384	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,164,234			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	7,518,493			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-315,820	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-14,762	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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 - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150003

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

Worksheet A-8

Date/Time Prepared:
5/29/2014 9:44 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			3.00
33.00	MARKETING EXP	A	-1,416	HOSPICE	116.00	0	33.00
33.01	MARKETING EXP	A	-350	PHYSICAL THERAPY	66.00	0	33.01
33.02	SON ADVERTISING	A	-13,309	NURSING SCHOOL	20.00	0	33.02
33.03	DAY CARE FOOD SERVICE REV	B	-4,693	DIETARY	10.00	0	33.03
33.04	DISCOUNTS EARNED/REBATES	B	-76,571	DIETARY	10.00	0	33.04
33.05	ATHLETIC TRAINING REV	B	-4,013	PHYSICAL THERAPY	66.00	0	33.05
33.06	DISCOUNTS EARNED/REBATES	B	-4,504	LABORATORY	60.00	0	33.06
33.07	DISCOUNTS EARNED/REBATES	B	-3,992	RESPIRATORY THERAPY	65.00	0	33.07
33.08	MISC - OTHER REV	B	-8	PHYSICAL THERAPY	66.00	0	33.08
33.09	MISC - OTHER REV	B	-61,301	AMBULANCE SERVICES	95.00	0	33.09
33.10	DISCOUNTS EARNED/REBATES	B	-110,492	PHARMACY	15.00	0	33.10
33.11	BLDG RENTAL INCOME	B	-73,747	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.11
33.12	PENSION EXP	A	148,033	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	HAF ASSESSMENT	A	636,100	ADMINISTRATIVE AND GENERAL	5.06	0	33.13
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		6,378,964				50.00

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

Provider CCN: 150003

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2014 9:44 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	1.00	NEW CAP REL COSTS-BLDG & FIX	FRANCISCAN DEPRECIATION	490,564	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	FRANCISCAN DEPRECIATION	238,926	0
3.00	1.00	NEW CAP REL COSTS-BLDG & FIX	FRANCISCAN INTEREST	446,156	0
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	FRANCISCAN INTEREST	217,297	0
4.01	5.06	ADMINISTRATIVE AND GENERAL	FRANCISCAN A&G	3,963,538	0
4.02	15.00	PHARMACY	FRANCISCAN COEP	174,165	0
4.03	5.05	PATIENT ACCOUNTING	PATIENT ACCOUNTS	0	2,560,814
4.04	5.05	PATIENT ACCOUNTING	PATIENT ACCOUNTS	0	51,829
4.05	15.00	PHARMACY	PHARMACY	0	249,707
4.06	5.04	ADMITTING	FSEH-C SHARED SERVICES	59,445	497,189
4.07	5.05	PATIENT ACCOUNTING	FSEH-C SHARED SERVICES	343,048	2,869,213
4.08	5.06	ADMINISTRATIVE AND GENERAL	FSEH-C SHARED SERVICES	634,049	5,819,311
4.09	7.00	OPERATION OF PLANT	FSEH-C SHARED SERVICES	571,861	2,831,455
4.10	8.00	LAUNDRY & LINEN SERVICE	FSEH-C SHARED SERVICES	231,228	821,145
4.11	16.00	MEDICAL RECORDS & LIBRARY	FSEH-C SHARED SERVICES	31,984	225,030
4.12	69.00	ELECTROCARDIOLOGY	FSEH-C SHARED SERVICES	160,346	893,073
4.13	1.00	NEW CAP REL COSTS-BLDG & FIX	FSEH-E SHARED SERVICES	2,109,056	0
4.14	2.00	NEW CAP REL COSTS-MVBLE EQUI	FSEH-E SHARED SERVICES	1,027,201	0
4.15	4.00	EMPLOYEE BENEFITS DEPARTMENT	FSEH-E SHARED SERVICES	13,549,460	0
4.16	5.06	ADMINISTRATIVE AND GENERAL	FSEH-E SHARED SERVICES	78,388	0
4.17	5.02	MGMT INFO SYSTEMS	FSEH-E SHARED SERVICES	134,616	0
4.18	5.03	PURCHASING	FSEH-E SHARED SERVICES	103,011	0
4.19	5.06	ADMINISTRATIVE AND GENERAL	FSEH-E SHARED SERVICES	954,943	0
4.20	7.00	OPERATION OF PLANT	FSEH-E SHARED SERVICES	1,699,313	0
4.21	13.00	NURSING ADMINISTRATION	FSEH-E SHARED SERVICES	532,594	0
4.22	16.00	MEDICAL RECORDS & LIBRARY	FSEH-E SHARED SERVICES	341,441	0
4.23	17.00	SOCIAL SERVICE	FSEH-E SHARED SERVICES	116,820	0
4.24	65.00	RESPIRATORY THERAPY	FSEH-E SHARED SERVICES	5,011	0
4.25	66.00	PHYSICAL THERAPY	FSEH-E SHARED SERVICES	117,892	0
4.26	91.00	EMERGENCY	FSEH-E SHARED SERVICES	30,395	0
4.27	30.00	ADULTS & PEDIATRICS	FSEH PURCHASED SERVICES	0	3,408,391
4.28	60.00	LABORATORY	FSEH PURCHASED SERVICES	117,794	0
4.29	66.00	PHYSICAL THERAPY	FSEH PURCHASED SERVICES	0	2,861,175
4.30	69.00	ELECTROCARDIOLOGY	FSEH PURCHASED SERVICES	545,309	0
4.31	70.00	ELECTROENCEPHALOGRAPHY	FSEH PURCHASED SERVICES	881,863	0
4.32	71.00	MEDICAL SUPPLIES CHARGED TO	FSEH PURCHASED SERVICES	868,777	0
4.33	72.00	IMPL. DEV. CHARGED TO PATIENT	FSEH PURCHASED SERVICES	106,410	0
4.34	74.00	RENAL DIALYSIS	FSEH PURCHASED SERVICES	0	376,655
4.35	23.00	PARAMED ED PRGM	FSEH-PARAMED PROGRAM	41,651	0
4.36	23.00	PARAMED ED PRGM	FSEH-PHARMACY PROGRAM	58,928	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			30,983,480	23,464,987

* 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	G	FSEH	100.00	FSEH - EAST	100.00	6.00
7.00	B	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	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:	FSEH- SHARED SV				100.00

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

Provider CCN: 150003

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2014 9:44 am

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

(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: 150003

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2014 9:44 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	490,564	9		1.00
2.00	238,926	9		2.00
3.00	446,156	11		3.00
4.00	217,297	11		4.00
4.01	3,963,538	0		4.01
4.02	174,165	0		4.02
4.03	-2,560,814	0		4.03
4.04	-51,829	0		4.04
4.05	-249,707	0		4.05
4.06	-437,744	0		4.06
4.07	-2,526,165	0		4.07
4.08	-5,185,262	0		4.08
4.09	-2,259,594	0		4.09
4.10	-589,917	0		4.10
4.11	-193,046	0		4.11
4.12	-732,727	0		4.12
4.13	2,109,056	9		4.13
4.14	1,027,201	9		4.14
4.15	13,549,460	0		4.15
4.16	78,388	0		4.16
4.17	134,616	0		4.17
4.18	103,011	0		4.18
4.19	954,943	0		4.19
4.20	1,699,313	0		4.20
4.21	532,594	0		4.21
4.22	341,441	0		4.22
4.23	116,820	0		4.23
4.24	5,011	0		4.24
4.25	117,892	0		4.25
4.26	30,395	0		4.26
4.27	-3,408,391	0		4.27
4.28	117,794	0		4.28
4.29	-2,861,175	0		4.29
4.30	545,309	0		4.30
4.31	881,863	0		4.31
4.32	868,777	0		4.32
4.33	106,410	0		4.33
4.34	-376,655	0		4.34
4.35	41,651	0		4.35
4.36	58,928	0		4.36
5.00	7,518,493			5.00

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

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

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

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

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

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

Provider CCN: 150003

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2014 9:44 am

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

(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: 150003

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2014 9:44 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	56.00	RADIOISOTOPE	9,000	0	9,000	217,600	64	1.00
2.00	69.00	ELECTROCARDIOLOGY	1,137,903	0	71,180	159,800	356	2.00
3.00	91.00	EMERGENCY	55,008	0	55,008	159,800	325	3.00
4.00	91.01	WOUND CARE	15,000	0	15,000	159,800	362	4.00
5.00	95.00	AMBULANCE SERVICES	45,000	0	45,000	159,800	308	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,261,911	0	195,188		1,415	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	56.00	RADIOISOTOPE	6,695	335	0	0	0	1.00
2.00	69.00	ELECTROCARDIOLOGY	27,350	1,368	0	0	0	2.00
3.00	91.00	EMERGENCY	24,969	1,248	0	0	0	3.00
4.00	91.01	WOUND CARE	27,811	1,391	0	0	0	4.00
5.00	95.00	AMBULANCE SERVICES	23,663	1,183	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			110,488	5,525	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	56.00	RADIOISOTOPE	0	6,695	2,305	2,305	1.00
2.00	69.00	ELECTROCARDIOLOGY	0	27,350	43,830	1,110,553	2.00
3.00	91.00	EMERGENCY	0	24,969	30,039	30,039	3.00
4.00	91.01	WOUND CARE	0	27,811	0	0	4.00
5.00	95.00	AMBULANCE SERVICES	0	23,663	21,337	21,337	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	110,488	97,511	1,164,234	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	MGMT INFO SYSTEMS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	3,277,214	3,277,214			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	1,723,481		1,723,481		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,697,493	8,669	705	13,706,867	4.00
5.02 00510	MGMT INFO SYSTEMS	134,616	9,722	101,649	0	5.02
5.03 00512	PURCHASING	103,011	78,034	76,855	36,195	5.03
5.04 00513	ADMINISTRATIVE	59,445	11,127	1,891	28,635	5.04
5.05 00514	PATIENT ACCOUNTING	343,048	51,118	4,678	56,850	5.05
5.06 00560	ADMINISTRATIVE AND GENERAL	6,185,784	280,000	39,913	455,001	5.06
7.00 00700	OPERATION OF PLANT	2,270,649	888,012	108,975	324,967	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	231,228	103,648	17,265	21,780	8.00
9.00 00900	HOUSEKEEPING	1,108,636	59,560	7,668	403,349	9.00
10.00 01000	DIETARY	470,508	66,459	24,163	172,088	10.00
11.00 01100	CAFETERIA	286,235	39,688	6,166	192,374	11.00
13.00 01300	NURSING ADMINISTRATION	628,410	9,275	31,675	300,130	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	31,584	26,784	0	14.00
15.00 01500	PHARMACY	1,310,092	22,344	21,583	561,947	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	243,435	24,581	2,175	117,391	16.00
17.00 01700	SOCIAL SERVICE	116,820	0	0	56,119	17.00
20.00 02000	NURSING SCHOOL	2,950,535	373,230	41,186	1,199,202	20.00
23.00 02300	PARAMEDICAL PRGM	273,867	3,126	0	78,622	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	-54,291	205,216	46,516	1,600,475	30.00
31.00 03100	INTENSIVE CARE UNIT	2,810,276	33,333	59,819	1,341,300	31.00
41.00 04100	SUBPROVIDER - IIRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,161,002	136,843	309,424	513,492	54.00
56.00 05600	RADIOISOTOPE	582,153	27,005	107,960	69,899	56.00
56.02 05602	MRI	65,072	11,416	2,043	27,653	56.02
56.03 05603	ULTRASOUND	117,861	4,427	19,498	57,108	56.03
57.00 05700	CT SCAN	377,454	12,683	178,765	180,020	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	4,817,906	74,963	2,048	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	808,398	20,925	73,973	350,523	65.00
66.00 06600	PHYSICAL THERAPY	1,143,483	77,786	73,621	1,904,959	66.00
68.00 06800	SPEECH PATHOLOGY	565,470	16,897	19,117	270,224	68.00
69.00 06900	ELECTROCARDIOLOGY	1,190,559	31,969	116,422	254,764	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	881,863	25,566	46,676	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,798,302	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	106,410	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,662,274	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	30,676	95,103	0	0	74.00
76.98 07698	HYPERBARIC OXYGEN THERAPY	338,305	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00 09100	EMERGENCY	1,981,965	122,920	59,892	889,190	91.00
91.01 09101	WOUND CARE	1,073,340	66,927	6,939	485,236	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	2,504,231	24,574	56,498	977,414	95.00
97.00 09700	DURABLE MEDICAL EQUIP. - SOLD	33,373	0	0	15,420	97.00
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	1,403,573	32,328	0	549,578	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	61,814,162	3,081,058	1,692,542	13,491,905	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,466	726	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	MGMT INFO SYSTEMS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.02	
194.00 07950 PATIENT TRANSPORT	292,149	0	26,800	75,878	2,341	194.00
194.01 07951 SETON LEASE 1 NORTH	300,696	57,577	3,413	139,084	2,908	194.01
194.02 07952 REHAB (FSEH-E)	0	73,035	0	0	0	194.02
194.03 07953 HHA (FSEH-E)	0	12,835	0	0	0	194.03
194.04 07956 PSYCH (FSEH-E)	0	42,243	0	0	0	194.04
194.05 07955 VACANT SPACE	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	62,407,007	3,277,214	1,723,481	13,706,867	245,987	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150003		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/29/2014 9:44 am	
Cost Center Description			PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	ADMINISTRATIVE AND GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00510	MGMT INFO SYSTEMS						5.02
5.03	00512	PURCHASING	295,663					5.03
5.04	00513	ADMINISTRATIVE	8	102,420				5.04
5.05	00514	PATIENT ACCOUNTING	50		458,515			5.05
5.06	00560	ADMINISTRATIVE AND GENERAL	476			6,972,575	6,972,575	5.06
7.00	00700	OPERATION OF PLANT	378			3,598,905	452,674	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	176			374,562	47,113	8.00
9.00	00900	HOUSEKEEPING	2,448			1,596,434	200,801	9.00
10.00	01000	DIETARY	1,117			740,405	93,129	10.00
11.00	01100	CAFETERIA	632			532,087	66,926	11.00
13.00	01300	NURSING ADMINISTRATION	33			974,234	122,540	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0			58,368	7,342	14.00
15.00	01500	PHARMACY	9,956			1,932,621	243,087	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4			389,735	49,021	16.00
17.00	01700	SOCIAL SERVICE	1			173,966	21,882	17.00
20.00	02000	NURSING SCHOOL	912			4,582,605	576,405	20.00
23.00	02300	PARAMED PRGM	0			357,289	44,940	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,104	17,826	35,244	1,903,613	239,438	30.00
31.00	03100	INTENSIVE CARE UNIT	29,587	20,175	17,482	4,333,027	545,012	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,981	1,712	30,343	2,178,600	274,026	54.00
56.00	05600	RADIOISOTOPE	0	0	889	788,880	99,226	56.00
56.02	05602	MRI	113	2,396	7,872	116,982	14,714	56.02
56.03	05603	ULTRASOUND	885	998	4,479	205,946	25,904	56.03
57.00	05700	CT SCAN	5,199	4,751	36,202	797,562	100,318	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	25,746	13,859	86,495	5,021,017	631,529	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	23,188	4,610	9,688	1,297,034	163,142	65.00
66.00	06600	PHYSICAL THERAPY	51,837	12,056	31,873	3,325,511	418,286	66.00
68.00	06800	SPEECH PATHOLOGY	94	717	3,835	880,279	110,722	68.00
69.00	06900	ELECTROCARDIOLOGY	1,800	23	10,554	1,609,864	202,490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	9,132	963,237	121,157	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,338	25,127	2,825,767	355,428	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	686	107,096	13,471	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,358	39,133	1,717,765	216,062	73.00
74.00	07400	RENAL DIALYSIS	0	1,927	2,116	129,822	16,329	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	333	147	5,509	344,294	43,306	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
91.00	09100	EMERGENCY	21,524	2,463	56,192	3,149,763	396,180	91.00
91.01	09101	WOUND CARE	58,136	64	15,264	1,711,389	215,260	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	15,473	0	19,370	3,619,040	455,206	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	49,170	6,185	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	3,438	0	11,030	2,007,378	252,490	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	295,629	102,420	458,515	61,366,822	6,841,741	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	11,192	1,408	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	0	0	397,168	49,956	194.00
194.01	07951	SETON LEASE 1 NORTH	34	0	0	503,712	63,357	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	73,035	9,186	194.02
194.03	07953	HHA (FSEH-E)	0	0	0	12,835	1,614	194.03
194.04	07956	PSYCH (FSEH-E)	0	0	0	42,243	5,313	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

Period:
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Cost Center Description			PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	ADMINISTRATIVE AND GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
194.05	07955	VACANT SPACE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	295,663	102,420	458,515	62,407,007	6,972,575	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/29/2014 9:44 am			
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00510	MGMT INFO SYSTEMS					5.02
5.03	00512	PURCHASING					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	PATIENT ACCOUNTING					5.05
5.06	00560	ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	4,051,579				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	216,223	637,898			8.00
9.00	00900	HOUSEKEEPING	124,249	47,355	1,968,839		9.00
10.00	01000	DIETARY	138,642	18,035	77,603	1,067,814	10.00
11.00	01100	CAFETERIA	82,795	0	46,343	0	728,151
13.00	01300	NURSING ADMINISTRATION	19,348	0	10,830	0	17,617
14.00	01400	CENTRAL SERVICES & SUPPLY	65,888	18,983	36,880	0	0
15.00	01500	PHARMACY	46,611	0	26,090	0	25,053
16.00	01600	MEDICAL RECORDS & LIBRARY	58,677	0	32,844	0	8,035
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,838
20.00	02000	NURSING SCHOOL	762,835	0	426,981	0	65,594
23.00	02300	PARAMED PRGM	5,343	0	2,991	0	6,261
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	436,482	273,715	244,313	616,676	99,188
31.00	03100	INTENSIVE CARE UNIT	69,537	56,150	38,922	123,373	78,740
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	285,472	34,569	159,788	0	36,659
56.00	05600	RADIOISOTOPE	40,033	0	22,408	0	3,641
56.02	05602	MRI	23,816	0	13,330	0	1,558
56.03	05603	ULTRASOUND	9,236	0	5,170	0	2,581
57.00	05700	CT SCAN	26,459	0	14,810	0	9,303
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	156,382	6,225	87,532	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	43,652	6,883	24,434	0	21,424
66.00	06600	PHYSICAL THERAPY	162,271	39,292	90,828	0	111,810
68.00	06800	SPEECH PATHOLOGY	35,249	0	19,730	0	14,679
69.00	06900	ELECTROCARDIOLOGY	66,692	1,569	37,330	0	14,108
70.00	07000	ELECTROENCEPHALOGRAPHY	53,334	0	29,853	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	198,397	0	111,049	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	256,428	110,702	143,531	0	58,404
91.01	09101	WOUND CARE	139,619	24,420	78,149	0	20,503
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	51,265	0	28,695	0	80,327
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	1,409
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	67,439	0	37,748	0	27,789
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,642,374	637,898	1,848,182	740,049	708,521
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,833	0	12,221	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	PATIENT TRANSPORT	0	0	0	0	8,753
194.01	07951	SETON LEASE 1 NORTH	120,113	0	0	0	10,877
194.02	07952	REHAB (FSEH-E)	152,360	0	85,281	169,781	0
194.03	07953	HHA (FSEH-E)	26,775	0	0	0	0
194.04	07956	PSYCH (FSEH-E)	88,124	0	23,155	157,984	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

Period:
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To 12/31/2013

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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
194.05	07955	VACANT SPACE	0	0	0	0	0	194.05
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)	4,051,579	637,898	1,968,839	1,067,814	728,151	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150003		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/29/2014 9:44 am	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00510	MGMT INFO SYSTEMS						5.02
5.03	00512	PURCHASING						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	PATIENT ACCOUNTING						5.05
5.06	00560	ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,144,569					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	187,461				14.00
15.00	01500	PHARMACY	0	0	2,273,462			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	538,312		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	199,686	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	223,855	0	0	41,368	15,349	30.00
31.00	03100	INTENSIVE CARE UNIT	173,720	0	0	20,519	7,613	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	35,616	13,214	54.00
56.00	05600	RADIOISOTOPE	8,033	0	0	1,043	387	56.00
56.02	05602	MRI	0	0	0	9,240	3,428	56.02
56.03	05603	ULTRASOUND	0	0	0	5,257	1,951	56.03
57.00	05700	CT SCAN	0	0	0	42,492	15,766	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	101,656	37,675	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	47,267	0	0	11,371	4,219	65.00
66.00	06600	PHYSICAL THERAPY	246,687	0	0	37,411	13,880	66.00
68.00	06800	SPEECH PATHOLOGY	32,385	0	0	4,501	1,670	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,387	4,596	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	10,719	3,977	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	187,461	0	29,493	10,943	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	805	299	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,273,462	45,932	17,042	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,483	921	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,466	2,399	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
91.00	09100	EMERGENCY	128,855	0	0	65,955	24,471	91.00
91.01	09101	WOUND CARE	45,235	0	0	17,916	6,647	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	177,223	0	0	22,735	8,435	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	61,309	0	0	12,947	4,804	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,144,569	187,461	2,273,462	538,312	199,686	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	0	0	0	0	194.00
194.01	07951	SETON LEASE 1 NORTH	0	0	0	0	0	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	0	0	194.02
194.03	07953	HHA (FSEH-E)	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
194.04	07956	PSYCH (FSEH-E)	0	0	0	0	0	194.04
194.05	07955	VACANT SPACE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,144,569	187,461	2,273,462	538,312	199,686	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		NURSING SCHOOL	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		20.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.02	00510						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
20.00	02000	6,414,420					20.00
23.00	02300	0	416,824				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,414,420	0	10,508,417	-3,487,100	7,021,317	30.00
31.00	03100	0	0	5,446,613	0	5,446,613	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
54.00	05400	0	0	3,017,944	0	3,017,944	54.00
56.00	05600	0	0	963,651	0	963,651	56.00
56.02	05602	0	0	183,068	0	183,068	56.02
56.03	05603	0	0	256,045	0	256,045	56.03
57.00	05700	0	0	1,006,710	0	1,006,710	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	6,042,016	0	6,042,016	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	1,619,426	0	1,619,426	65.00
66.00	06600	0	0	4,445,976	0	4,445,976	66.00
68.00	06800	0	0	1,099,215	0	1,099,215	68.00
69.00	06900	0	0	1,949,036	0	1,949,036	69.00
70.00	07000	0	0	1,182,277	0	1,182,277	70.00
71.00	07100	0	0	3,409,092	0	3,409,092	71.00
72.00	07200	0	0	121,671	0	121,671	72.00
73.00	07300	0	416,824	4,687,087	0	4,687,087	73.00
74.00	07400	0	0	459,001	0	459,001	74.00
76.98	07698	0	0	396,465	0	396,465	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	0	0	4,334,289	0	4,334,289	91.00
91.01	09101	0	0	2,259,138	0	2,259,138	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	4,442,926	0	4,442,926	95.00
97.00	09700	0	0	56,764	0	56,764	97.00
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	2,471,904	0	2,471,904	116.00
118.00		6,414,420	416,824	60,358,731	0	56,871,631	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	46,654	0	46,654	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	455,877	0	455,877	194.00
194.01	07951	0	0	698,059	0	698,059	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		NURSING SCHOOL	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		20.00	23.00	24.00	25.00	26.00	
194.02	07952 REHAB (FSEH-E)	0	0	489,643	0	489,643	194.02
194.03	07953 HHA (FSEH-E)	0	0	41,224	0	41,224	194.03
194.04	07956 PSYCH (FSEH-E)	0	0	316,819	0	316,819	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
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)	6,414,420	416,824	62,407,007	0	58,919,907	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150003

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,669	705	9,374	4.00
5.02 00510	MGMT INFO SYSTEMS	0	9,722	101,649	111,371	5.02
5.03 00512	PURCHASING	0	78,034	76,855	154,889	5.03
5.04 00513	ADMINITTING	0	11,127	1,891	13,018	5.04
5.05 00514	PATIENT ACCOUNTING	0	51,118	4,678	55,796	5.05
5.06 00560	ADMINISTRATIVE AND GENERAL	39,653	280,000	39,913	359,566	5.06
7.00 00700	OPERATION OF PLANT	0	888,012	108,975	996,987	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	103,648	17,265	120,913	8.00
9.00 00900	HOUSEKEEPING	0	59,560	7,668	67,228	9.00
10.00 01000	DIETARY	0	66,459	24,163	90,622	10.00
11.00 01100	CAFETERIA	0	39,688	6,166	45,854	11.00
13.00 01300	NURSING ADMINISTRATION	0	9,275	31,675	40,950	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	31,584	26,784	58,368	14.00
15.00 01500	PHARMACY	231,834	22,344	21,583	275,761	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	24,581	2,175	26,756	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00 02000	NURSING SCHOOL	0	373,230	41,186	414,416	20.00
23.00 02300	PARAMED ED PRGM	0	3,126	0	3,126	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,565	205,216	46,516	257,297	30.00
31.00 03100	INTENSIVE CARE UNIT	5,565	33,333	59,819	98,717	31.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	275,574	136,843	309,424	721,841	54.00
56.00 05600	RADIOISOTOPE	0	27,005	107,960	134,965	56.00
56.02 05602	MRI	0	11,416	2,043	13,459	56.02
56.03 05603	ULTRASOUND	0	4,427	19,498	23,925	56.03
57.00 05700	CT SCAN	0	12,683	178,765	191,448	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	7,346	74,963	2,048	84,357	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	6,203	20,925	73,973	101,101	65.00
66.00 06600	PHYSICAL THERAPY	36,442	77,786	73,621	187,849	66.00
68.00 06800	SPEECH PATHOLOGY	0	16,897	19,117	36,014	68.00
69.00 06900	ELECTROCARDIOLOGY	660	31,969	116,422	149,051	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	25,566	46,676	72,242	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	95,103	0	95,103	74.00
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00 09100	EMERGENCY	0	122,920	59,892	182,812	91.00
91.01 09101	WOUND CARE	0	66,927	6,939	73,866	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	22,750	24,574	56,498	103,822	95.00
97.00 09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	97.00
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	32,328	0	32,328	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	631,592	3,081,058	1,692,542	5,405,192	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,466	726	11,192	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	PATIENT TRANSPORT	0	0	26,800	26,800	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150003

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
194.01 07951 SETON LEASE 1 NORTH	0	57,577	3,413	60,990	95	194.01
194.02 07952 REHAB (FSEH-E)	0	73,035	0	73,035	0	194.02
194.03 07953 HHA (FSEH-E)	0	12,835	0	12,835	0	194.03
194.04 07956 PSYCH (FSEH-E)	0	42,243	0	42,243	0	194.04
194.05 07955 VACANT SPACE	0	0	0	0	0	194.05
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)	631,592	3,277,214	1,723,481	5,632,287	9,374	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 9:44 am				
Cost Center Description		MGMT INFO SYSTEMS	PURCHASING	ADMINITTING	PATIENT ACCOUNTING	ADMINISTRATIVE AND GENERAL		
		5.02	5.03	5.04	5.05	5.06		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.02	00510	MGMT INFO SYSTEMS	111,371				5.02	
5.03	00512	PURCHASING	710	155,624			5.03	
5.04	00513	ADMINITTING	595	4	13,637		5.04	
5.05	00514	PATIENT ACCOUNTING	1,255	26	0	57,116	5.05	
5.06	00560	ADMINISTRATIVE AND GENERAL	5,162	250	0	0	365,290	5.06
7.00	00700	OPERATION OF PLANT	2,682	199	0	0	23,717	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	210	93	0	0	2,468	8.00
9.00	00900	HOUSEKEEPING	6,689	1,288	0	0	10,521	9.00
10.00	01000	DIETARY	2,748	588	0	0	4,879	10.00
11.00	01100	CAFETERIA	3,166	333	0	0	3,506	11.00
13.00	01300	NURSING ADMINISTRATION	2,133	17	0	0	6,420	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	385	14.00
15.00	01500	PHARMACY	3,033	5,240	0	0	12,736	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	973	2	0	0	2,568	16.00
17.00	01700	SOCIAL SERVICE	465	0	0	0	1,146	17.00
20.00	02000	NURSING SCHOOL	7,941	480	0	0	30,199	20.00
23.00	02300	PARAMED PRGM	758	0	0	0	2,355	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,008	13,740	2,369	4,389	12,545	30.00
31.00	03100	INTENSIVE CARE UNIT	9,533	15,574	2,707	2,177	28,555	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,438	8,412	228	3,779	14,357	54.00
56.00	05600	RADIOISOTOPE	441	0	0	111	5,199	56.00
56.02	05602	MRI	189	60	318	980	771	56.02
56.03	05603	ULTRASOUND	312	466	133	558	1,357	56.03
57.00	05700	CT SCAN	1,126	2,736	631	4,508	5,256	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	13,552	1,842	10,789	33,066	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,594	12,205	612	1,206	8,547	65.00
66.00	06600	PHYSICAL THERAPY	13,535	27,285	1,602	3,969	21,915	66.00
68.00	06800	SPEECH PATHOLOGY	1,777	50	95	478	5,801	68.00
69.00	06900	ELECTROCARDIOLOGY	1,708	948	3	1,314	10,609	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,137	6,348	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	311	3,129	18,622	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	85	706	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,174	4,873	11,320	73.00
74.00	07400	RENAL DIALYSIS	0	0	256	263	856	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	175	20	686	2,269	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
91.00	09100	EMERGENCY	7,071	11,329	327	6,998	20,757	91.00
91.01	09101	WOUND CARE	2,482	30,600	9	1,901	11,278	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,725	8,144	0	2,412	23,849	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	171	0	0	0	324	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,364	1,810	0	1,374	13,229	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	108,994	155,606	13,637	57,116	358,436	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	74	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	1,060	0	0	0	2,617	194.00
194.01	07951	SETON LEASE 1 NORTH	1,317	18	0	0	3,319	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	0	481	194.02
194.03	07953	HHA (FSEH-E)	0	0	0	0	85	194.03
194.04	07956	PSYCH (FSEH-E)	0	0	0	0	278	194.04

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150003		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 9:44 am	
Cost Center Description			MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5.05	5.06	
194.05	07955	VACANT SPACE	0	0	0	0	0	194.05
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)	111,371	155,624	13,637	57,116	365,290	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 9:44 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.02	00510	MGMT INFO SYSTEMS					5.02	
5.03	00512	PURCHASING					5.03	
5.04	00513	ADMITTING					5.04	
5.05	00514	PATIENT ACCOUNTING					5.05	
5.06	00560	ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT	1,023,807				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	54,638	178,337			8.00	
9.00	00900	HOUSEKEEPING	31,397	13,239	130,638		9.00	
10.00	01000	DIETARY	35,034	5,042	5,149	144,180	10.00	
11.00	01100	CAFETERIA	20,922	0	3,075	0	76,988	11.00
13.00	01300	NURSING ADMINISTRATION	4,889	0	719	0	1,863	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,649	5,307	2,447	0	0	14.00
15.00	01500	PHARMACY	11,778	0	1,731	0	2,649	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,827	0	2,179	0	850	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	406	17.00
20.00	02000	NURSING SCHOOL	192,764	0	28,331	0	6,935	20.00
23.00	02300	PARAMED PRGM	1,350	0	198	0	662	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	110,296	76,523	16,211	83,266	10,487	30.00
31.00	03100	INTENSIVE CARE UNIT	17,571	15,698	2,583	16,658	8,325	31.00
41.00	04100	SUBPROVIDER - I R F	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	72,137	9,664	10,602	0	3,876	54.00
56.00	05600	RADIOISOTOPE	10,116	0	1,487	0	385	56.00
56.02	05602	MRI	6,018	0	885	0	165	56.02
56.03	05603	ULTRASOUND	2,334	0	343	0	273	56.03
57.00	05700	CT SCAN	6,686	0	983	0	984	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	39,517	1,740	5,808	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	11,031	1,924	1,621	0	2,265	65.00
66.00	06600	PHYSICAL THERAPY	41,005	10,985	6,027	0	11,821	66.00
68.00	06800	SPEECH PATHOLOGY	8,907	0	1,309	0	1,552	68.00
69.00	06900	ELECTROCARDIOLOGY	16,853	439	2,477	0	1,492	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,477	0	1,981	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	50,134	0	7,368	0	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	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
91.00	09100	EMERGENCY	64,798	30,949	9,524	0	6,175	91.00
91.01	09101	WOUND CARE	35,281	6,827	5,185	0	2,168	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	12,954	0	1,904	0	8,493	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	149	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	17,041	0	2,505	0	2,938	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	920,404	178,337	122,632	99,924	74,913	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,517	0	811	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	0	0	0	925	194.00
194.01	07951	SETON LEASE 1 NORTH	30,352	0	0	0	1,150	194.01
194.02	07952	REHAB (FSEH-E)	38,500	0	5,659	22,924	0	194.02
194.03	07953	HHA (FSEH-E)	6,766	0	0	0	0	194.03
194.04	07956	PSYCH (FSEH-E)	22,268	0	1,536	21,332	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150003			Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 9:44 am		
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA			
			7.00	8.00	9.00	10.00	11.00			
194.05	07955	VACANT SPACE	0	0	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments								200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,023,807	178,337	130,638	144,180	76,988			202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150003		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 9:44 am	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.02	00510	MGMT INFO SYSTEMS						5.02
5.03	00512	PURCHASING						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	PATIENT ACCOUNTING						5.05
5.06	00560	ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	57,196					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	83,156				14.00
15.00	01500	PHARMACY	0	0	313,313			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	48,235		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	2,055	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,186	0	0	3,706	158	30.00
31.00	03100	INTENSIVE CARE UNIT	8,681	0	0	1,838	78	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,190	136	54.00
56.00	05600	RADIOISOTOPE	401	0	0	93	4	56.00
56.02	05602	MRI	0	0	0	828	35	56.02
56.03	05603	ULTRASOUND	0	0	0	471	20	56.03
57.00	05700	CT SCAN	0	0	0	3,806	162	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	9,120	392	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,362	0	0	1,019	43	65.00
66.00	06600	PHYSICAL THERAPY	12,329	0	0	3,351	143	66.00
68.00	06800	SPEECH PATHOLOGY	1,618	0	0	403	17	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,110	47	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	960	41	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	83,156	0	2,642	112	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72	3	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	313,313	4,115	175	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	222	9	74.00
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	579	25	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
91.00	09100	EMERGENCY	6,439	0	0	5,908	251	91.00
91.01	09101	WOUND CARE	2,260	0	0	1,605	68	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	8,856	0	0	2,037	87	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	3,064	0	0	1,160	49	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,196	83,156	313,313	48,235	2,055	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	0	0	0	0	194.00
194.01	07951	SETON LEASE 1 NORTH	0	0	0	0	0	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	0	0	194.02
194.03	07953	HHA (FSEH-E)	0	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150003			Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 9:44 am	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
194.04	07956 PSYCH (FSEH-E)	0	0	0	0	0	194.04	
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05	
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)	57,196	83,156	313,313	48,235	2,055	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150003

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		NURSING SCHOOL	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		20.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.02	00510						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
20.00	02000	681,887					20.00
23.00	02300		8,503				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000			615,277	0	615,277	30.00
31.00	03100			229,613	0	229,613	31.00
41.00	04100			0	0	0	41.00
42.00	04200			0	0	0	42.00
43.00	04300			0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000			0	0	0	50.00
51.00	05100			0	0	0	51.00
54.00	05400			853,012	0	853,012	54.00
56.00	05600			153,250	0	153,250	56.00
56.02	05602			23,727	0	23,727	56.02
56.03	05603			30,231	0	30,231	56.03
57.00	05700			218,449	0	218,449	57.00
58.00	05800			0	0	0	58.00
59.00	05900			0	0	0	59.00
60.00	06000			200,183	0	200,183	60.00
60.01	06001			0	0	0	60.01
65.00	06500			146,770	0	146,770	65.00
66.00	06600			343,110	0	343,110	66.00
68.00	06800			58,206	0	58,206	68.00
69.00	06900			186,225	0	186,225	69.00
70.00	07000			96,186	0	96,186	70.00
71.00	07100			107,972	0	107,972	71.00
72.00	07200			866	0	866	72.00
73.00	07300			335,970	0	335,970	73.00
74.00	07400			154,211	0	154,211	74.00
76.98	07698			3,754	0	3,754	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800			0	0	0	88.00
89.00	08900			0	0	0	89.00
91.00	09100			353,947	0	353,947	91.00
91.01	09101			173,862	0	173,862	91.01
92.00	09200			0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500			182,952	0	182,952	95.00
97.00	09700			655	0	655	97.00
99.10	09910			0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900			0	0	0	109.00
110.00	11000			0	0	0	110.00
111.00	11100			0	0	0	111.00
113.00	11300			0	0	0	113.00
116.00	11600			79,238	0	79,238	116.00
118.00				4,547,666	0	4,547,666	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000			17,594	0	17,594	190.00
192.00	19200			0	0	0	192.00
194.00	07950			31,454	0	31,454	194.00
194.01	07951			97,241	0	97,241	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150003

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		NURSING SCHOOL	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		20.00	23.00	24.00	25.00	26.00	
194.02	07952 REHAB (FSEH-E)			140,599	0	140,599	194.02
194.03	07953 HHA (FSEH-E)			19,686	0	19,686	194.03
194.04	07956 PSYCH (FSEH-E)			87,657	0	87,657	194.04
194.05	07955 VACANT SPACE			0	0	0	194.05
200.00	Cross Foot Adjustments	681,887	8,503	690,390	0	690,390	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	681,887	8,503	5,632,287	0	5,632,287	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ASSIGNED TIME)	MGMT INFO SYSTEMS (MANHRS)	PURCHASING (COSTED REQUI STION)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	475,957				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		655,438			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,259	268	28,265,927		4.00
5.02	00510	MGMT INFO SYSTEMS	1,412	38,657	0	1,098,494	5.02
5.03	00512	PURCHASING	11,333	29,228	74,641	7,001	2,248,331
5.04	00513	ADM ITTING	1,616	719	59,050	5,867	62
5.05	00514	PATI ENT ACCOUNTING	7,424	1,779	117,235	12,375	379
5.06	00560	ADMINI STRATIVE AND GENERAL	40,665	15,179	938,292	50,915	3,617
7.00	00700	OPERATION OF PLANT	128,968	41,443	670,138	26,453	2,875
8.00	00800	LAUNDRY & LINEN SERVICE	15,053	6,566	44,915	2,075	1,338
9.00	00900	HOUSEKEEPING	8,650	2,916	831,776	65,972	18,615
10.00	01000	DI ETARY	9,652	9,189	354,875	27,106	8,496
11.00	01100	CAFETERIA	5,764	2,345	396,709	31,225	4,808
13.00	01300	NURSI NG ADMINI STRATION	1,347	12,046	618,921	21,037	249
14.00	01400	CENTRAL SERVICES & SUPPLY	4,587	10,186	0	0	0
15.00	01500	PHARMACY	3,245	8,208	1,158,833	29,916	75,706
16.00	01600	MEDI CAL RECORDS & LIBRARY	3,570	827	242,080	9,595	29
17.00	01700	SOCI AL SERVICE	0	0	115,727	4,583	5
20.00	02000	NURSI NG SCHOOL	54,205	15,663	2,472,964	78,327	6,937
23.00	02300	PARAMED ED PRGM	454	0	162,133	7,476	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,804	17,690	3,300,458	118,443	198,506
31.00	03100	INTENSI VE CARE UNIT	4,841	22,749	2,765,995	94,025	224,993
41.00	04100	SUBPROVI DER - I RF	0	0	0	0	0
42.00	04200	SUBPROVI DER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCI LLARY SERVICE COST CENTERS							
50.00	05000	OPERATI NG ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADI OLOGY-DI AGNOSTI C	19,874	117,674	1,058,911	43,775	121,524
56.00	05600	RADI OI SOTOPE	3,922	41,057	144,143	4,348	2
56.02	05602	MRI	1,658	777	57,025	1,861	860
56.03	05603	ULTRASOUND	643	7,415	117,767	3,082	6,731
57.00	05700	CT SCAN	1,842	67,984	371,232	11,109	39,534
58.00	05800	MAGNETI C RESONANCE IMAGI NG (MRI)	0	0	0	0	0
59.00	05900	CARDI AC CATHETERI ZATION	0	0	0	0	0
60.00	06000	LABORATORY	10,887	779	0	0	195,786
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPI RATORY THERAPY	3,039	28,132	722,839	25,583	176,330
66.00	06600	PHYSI CAL THERAPY	11,297	27,998	3,928,332	133,518	394,186
68.00	06800	SPEECH PATHOLOGY	2,454	7,270	557,249	17,528	718
69.00	06900	ELECTROCARDI OLOGY	4,643	44,275	525,368	16,847	13,689
70.00	07000	ELECTROENCEPHALOGRAPHY	3,713	17,751	0	0	0
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATI ENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	0	0
74.00	07400	RENAL DI ALYSI S	13,812	0	0	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	2,535
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINI C	0	0	0	0	0
89.00	08900	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	17,852	22,777	1,833,666	69,742	163,677
91.01	09101	WOUND CARE	9,720	2,639	1,000,642	24,483	442,081
92.00	09200	OBSERVATION BEDS (NON-DI STI NCT PART)					
OTHER REI MBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVI CES	3,569	21,486	2,015,599	95,921	117,660
97.00	09700	DURABLE MEDI CAL EQUIP. - SOLD	0	0	31,798	1,683	0
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUI SI TI ON	0	0	0	0	0
110.00	11000	INTESI NAL ACQUI SI TI ON	0	0	0	0	0
111.00	11100	I SLET ACQUI SI TI ON	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPI CE	4,695	0	1,133,325	33,183	26,146
118.00		SUBTOTALS (SUM OF LINES 1-117)	447,469	643,672	27,822,638	1,075,054	2,248,074
NONREI MBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	1,520	276	0	0	0
192.00	19200	PHYSI CI ANS' PRI VATE OFFI CES	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (ASSIGNED TIME)	MGMT INFO SYSTEMS (MANHRS)	PURCHASING (COSTED REQUI STION)	
	1.00	2.00	4.00	5.02	5.03	
194.00 07950 PATIENT TRANSPORT	0	10,192	156,473	10,452	0	194.00
194.01 07951 SETON LEASE 1 NORTH	8,362	1,298	286,816	12,988	257	194.01
194.02 07952 REHAB (FSEH-E)	10,607	0	0	0	0	194.02
194.03 07953 HHA (FSEH-E)	1,864	0	0	0	0	194.03
194.04 07956 PSYCH (FSEH-E)	6,135	0	0	0	0	194.04
194.05 07955 VACANT SPACE	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,277,214	1,723,481	13,706,867	245,987	295,663	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.885525	2.629510	0.484925	0.223931	0.131503	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			9,374	111,371	155,624	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000332	0.101385	0.069218	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		ADMITTING (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00510	MGMT INFO SYSTEMS					5.02
5.03	00512	PURCHASING					5.03
5.04	00513	ADMITTING	70,886,548				5.04
5.05	00514	PATIENT ACCOUNTING	0	170,987,386			5.05
5.06	00560	ADMINISTRATIVE AND GENERAL	0	0	-6,972,575	55,434,432	5.06
7.00	00700	OPERATION OF PLANT	0	0	0	3,598,905	282,063
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	374,562	15,053
9.00	00900	HOUSEKEEPING	0	0	0	1,596,434	8,650
10.00	01000	DIETARY	0	0	0	740,405	9,652
11.00	01100	CAFETERIA	0	0	0	532,087	5,764
13.00	01300	NURSING ADMINISTRATION	0	0	0	974,234	1,347
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	58,368	4,587
15.00	01500	PHARMACY	0	0	0	1,932,621	3,245
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	389,735	4,085
17.00	01700	SOCIAL SERVICE	0	0	0	173,966	0
20.00	02000	NURSING SCHOOL	0	0	0	4,582,605	53,107
23.00	02300	PARAMED ED PRGM	0	0	0	357,289	372
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,336,275	13,141,105	0	1,903,613	30,387
31.00	03100	INTENSIVE CARE UNIT	13,969,107	6,518,094	0	4,333,027	4,841
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,185,008	11,313,748	0	2,178,600	19,874
56.00	05600	RADIOISOTOPE	0	331,430	0	788,880	2,787
56.02	05602	MRI	1,658,280	2,935,189	0	116,982	1,658
56.03	05603	ULTRASOUND	690,459	1,670,073	0	205,946	643
57.00	05700	CT SCAN	3,287,967	13,497,989	0	797,562	1,842
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	9,591,202	32,278,474	0	5,021,017	10,887
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,190,045	3,612,058	0	1,297,034	3,039
66.00	06600	PHYSICAL THERAPY	8,342,951	11,883,968	0	3,325,511	11,297
68.00	06800	SPEECH PATHOLOGY	496,143	1,429,881	0	880,279	2,454
69.00	06900	ELECTROCARDIOLOGY	15,603	3,935,008	0	1,609,864	4,643
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,404,902	0	963,237	3,713
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,618,286	9,368,663	0	2,825,767	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	255,600	0	107,096	0
73.00	07300	DRUGS CHARGED TO PATIENTS	11,320,495	14,590,792	0	1,717,765	0
74.00	07400	RENAL DIALYSIS	1,333,864	788,778	0	129,822	13,812
76.98	07698	HYPERBARIC OXYGEN THERAPY	101,696	2,054,014	0	344,294	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	1,704,823	20,951,447	0	3,149,763	17,852
91.01	09101	WOUND CARE	44,344	5,691,331	0	1,711,389	9,720
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	7,222,077	0	3,619,040	3,569
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	49,170	0
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	4,112,765	0	2,007,378	4,695
118.00		SUBTOTALS (SUM OF LINES 1-117)	70,886,548	170,987,386	-6,972,575	54,394,247	253,575
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	11,192	1,520
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	PATIENT TRANSPORT	0	0	0	397,168	0
194.01	07951	SETON LEASE 1 NORTH	0	0	0	503,712	8,362
194.02	07952	REHAB (FSEH-E)	0	0	0	73,035	10,607

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description	ADM ITTING (INPATIENT REVENUE)	PATI ENT ACCOUNTI NG (GROSS CHARGES)	Reconci li ati on	ADM NI STRATI VE AND GENERAL (ACCUM. COST)	OPERATI ON OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	7.00	
194.03 07953 HHA (FSEH-E)	0	0	0	12,835	1,864	194.03
194.04 07956 PSYCH (FSEH-E)	0	0	0	42,243	6,135	194.04
194.05 07955 VACANT SPACE	0	0	0	0	0	194.05
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)	102,420	458,515		6,972,575	4,051,579	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.001445	0.002682		0.125781	14.364092	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	13,637	57,116		365,290	1,023,807	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000192	0.000334		0.006590	3.629710	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHRS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.02	00510	MGMT INFO SYSTEMS					5.02	
5.03	00512	PURCHASING					5.03	
5.04	00513	ADMINISTRATIVE					5.04	
5.05	00514	PATIENT ACCOUNTING					5.05	
5.06	00560	ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	311,009				8.00	
9.00	00900	HOUSEKEEPING	23,088	244,879			9.00	
10.00	01000	DIETARY	8,793	9,652	90,611		10.00	
11.00	01100	CAFETERIA	0	5,764	0	869,505	11.00	
13.00	01300	NURSING ADMINISTRATION	0	1,347	0	21,037	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	9,255	4,587	0	0	14.00	
15.00	01500	PHARMACY	0	3,245	0	29,916	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,085	0	9,595	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	4,583	17.00	
20.00	02000	NURSING SCHOOL	0	53,107	0	78,327	20.00	
23.00	02300	PARAMED ED PRGM	0	372	0	7,476	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,451	30,387	52,329	118,443	121,160	30.00
31.00	03100	INTENSIVE CARE UNIT	27,376	4,841	10,469	94,025	94,025	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,854	19,874	0	43,775	0	54.00
56.00	05600	RADIOISOTOPE	0	2,787	0	4,348	4,348	56.00
56.02	05602	MRI	0	1,658	0	1,861	0	56.02
56.03	05603	ULTRASOUND	0	643	0	3,082	0	56.03
57.00	05700	CT SCAN	0	1,842	0	11,109	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	3,035	10,887	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,356	3,039	0	25,583	25,583	65.00
66.00	06600	PHYSICAL THERAPY	19,157	11,297	0	133,518	133,518	66.00
68.00	06800	SPEECH PATHOLOGY	0	2,454	0	17,528	17,528	68.00
69.00	06900	ELECTROCARDIOLOGY	765	4,643	0	16,847	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,713	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	13,812	0	0	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	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
91.00	09100	EMERGENCY	53,973	17,852	0	69,742	69,742	91.00
91.01	09101	WOUND CARE	11,906	9,720	0	24,483	24,483	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3,569	0	95,921	95,921	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	1,683	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	4,695	0	33,183	33,183	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	311,009	229,872	62,798	846,065	619,491	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,520	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	0	0	10,452	0	194.00
194.01	07951	SETON LEASE 1 NORTH	0	0	0	12,988	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHRS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
194.02	07952 REHAB (FSEH-E)	0	10,607	14,407	0	0	194.02
194.03	07953 HHA (FSEH-E)	0	0	0	0	0	194.03
194.04	07956 PSYCH (FSEH-E)	0	2,880	13,406	0	0	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
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)	637,898	1,968,839	1,067,814	728,151	1,144,569	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.051060	8.040048	11.784596	0.837432	1.847596	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	178,337	130,638	144,180	76,988	57,196	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.573414	0.533480	1.591198	0.088542	0.092327	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	NURSING SCHOOL (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.02	00510	MGMT INFO SYSTEMS					5.02
5.03	00512	PURCHASING					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00514	PATIENT ACCOUNTING					5.05
5.06	00560	ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	100				14.00
15.00	01500	PHARMACY	0	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	170,987,386		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	170,987,386	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	13,141,105	13,141,105	100
31.00	03100	INTENSIVE CARE UNIT	0	0	6,518,094	6,518,094	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,313,748	11,313,748	0
56.00	05600	RADIOISOTOPE	0	0	331,430	331,430	0
56.02	05602	MRI	0	0	2,935,189	2,935,189	0
56.03	05603	ULTRASOUND	0	0	1,670,073	1,670,073	0
57.00	05700	CT SCAN	0	0	13,497,989	13,497,989	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	32,278,474	32,278,474	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	3,612,058	3,612,058	0
66.00	06600	PHYSICAL THERAPY	0	0	11,883,968	11,883,968	0
68.00	06800	SPEECH PATHOLOGY	0	0	1,429,881	1,429,881	0
69.00	06900	ELECTROCARDIOLOGY	0	0	3,935,008	3,935,008	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,404,902	3,404,902	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	100	0	9,368,663	9,368,663	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	255,600	255,600	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	14,590,792	14,590,792	0
74.00	07400	RENAL DIALYSIS	0	0	788,778	788,778	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	2,054,014	2,054,014	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	20,951,447	20,951,447	0
91.01	09101	WOUND CARE	0	0	5,691,331	5,691,331	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	7,222,077	7,222,077	0
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	0	4,112,765	4,112,765	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	100	170,987,386	170,987,386	100
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	PATIENT TRANSPORT	0	0	0	0	0
194.01	07951	SETON LEASE 1 NORTH	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	NURSING SCHOOL (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	20.00	
194.02	07952 REHAB (FSEH-E)	0	0	0	0	0	194.02
194.03	07953 HHA (FSEH-E)	0	0	0	0	0	194.03
194.04	07956 PSYCH (FSEH-E)	0	0	0	0	0	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
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)	187,461	2,273,462	538,312	199,686	6,414,420	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,874.610000	22,734.620000	0.003148	0.001168	64,144.200000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	83,156	313,313	48,235	2,055	681,887	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	831.560000	3,133.130000	0.000282	0.000012	6,818.870000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.02	00510 MGMT INFO SYSTEMS		5.02
5.03	00512 PURCHASING		5.03
5.04	00513 ADMITTING		5.04
5.05	00514 PATIENT ACCOUNTING		5.05
5.06	00560 ADMINISTRATIVE AND GENERAL		5.06
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
20.00	02000 NURSING SCHOOL		20.00
23.00	02300 PARAMED PRGM	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	31.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0	50.00
51.00	05100 RECOVERY ROOM	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
56.00	05600 RADIOISOTOPE	0	56.00
56.02	05602 MRI	0	56.02
56.03	05603 ULTRASOUND	0	56.03
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
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	65.00
66.00	06600 PHYSICAL THERAPY	0	66.00
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 PATIENT	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	100	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100 EMERGENCY	0	91.00
91.01	09101 WOUND CARE	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD	0	97.00
99.10	09910 CORF	0	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE	0	113.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 PATIENT TRANSPORT	0	194.00
194.01	07951 SETON LEASE 1 NORTH	0	194.01
194.02	07952 REHAB (FSEH-E)	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
194.03	07953 HHA (FSEH-E)	0	194.03
194.04	07956 PSYCH (FSEH-E)	0	194.04
194.05	07955 VACANT SPACE	0	194.05
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)	416,824	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4,168.240000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	8,503	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	85.030000	205.00

Provider CCN: 150003

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

Worksheet B-2
 Date/Time Prepared:
 5/29/2014 9:44 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	NURSING SCHOOL		1 30.00	-3,487,100	7.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150003

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2014 9:44 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		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,021,317		7,021,317	0	7,021,317	30.00
31.00	03100	INTENSIVE CARE UNIT	5,446,613		5,446,613	0	5,446,613	31.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		0	0	0	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,017,944		3,017,944	0	3,017,944	54.00
56.00	05600	RADIO SOTOP	963,651		963,651	2,305	965,956	56.00
56.02	05602	MRI	183,068		183,068	0	183,068	56.02
56.03	05603	ULTRASOUND	256,045		256,045	0	256,045	56.03
57.00	05700	CT SCAN	1,006,710		1,006,710	0	1,006,710	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	6,042,016		6,042,016	0	6,042,016	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,619,426	0	1,619,426	0	1,619,426	65.00
66.00	06600	PHYSICAL THERAPY	4,445,976	0	4,445,976	0	4,445,976	66.00
68.00	06800	SPEECH PATHOLOGY	1,099,215	0	1,099,215	0	1,099,215	68.00
69.00	06900	ELECTROCARDIOLOGY	1,949,036		1,949,036	43,830	1,992,866	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,182,277		1,182,277	0	1,182,277	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,409,092		3,409,092	0	3,409,092	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	121,671		121,671	0	121,671	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,687,087		4,687,087	0	4,687,087	73.00
74.00	07400	RENAL DIALYSIS	459,001		459,001	0	459,001	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	396,465		396,465	0	396,465	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	09100	EMERGENCY	4,334,289		4,334,289	30,039	4,364,328	91.00
91.01	09101	WOUND CARE	2,259,138		2,259,138	0	2,259,138	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	466,185		466,185	0	466,185	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,442,926		4,442,926	21,337	4,464,263	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	56,764		56,764	0	56,764	97.00
99.10	09910	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,471,904		2,471,904		2,471,904	116.00
200.00		Subtotal (see instructions)	57,337,816	0	57,337,816	97,511	57,435,327	200.00
201.00		Less Observation Beds	466,185		466,185		466,185	201.00
202.00		Total (see instructions)	56,871,631	0	56,871,631	97,511	56,969,142	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150003		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/29/2014 9:44 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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,324,972		12,324,972			30.00
31.00	03100	INTENSIVE CARE UNIT	6,518,094		6,518,094			31.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,185,008	10,128,740	11,313,748	0.266750	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	331,430	331,430	2.907555	0.000000	56.00
56.02	05602	MRI	1,658,280	1,276,909	2,935,189	0.062370	0.000000	56.02
56.03	05603	ULTRASOUND	690,459	979,614	1,670,073	0.153314	0.000000	56.03
57.00	05700	CT SCAN	3,287,967	10,210,022	13,497,989	0.074582	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	12,032,220	20,246,254	32,278,474	0.187184	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	3,190,045	422,013	3,612,058	0.448339	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,188,582	10,695,386	11,883,968	0.374115	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	496,143	933,738	1,429,881	0.768746	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,718,209	2,216,799	3,935,008	0.495307	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	287,553	3,117,349	3,404,902	0.347228	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,786,865	4,581,798	9,368,663	0.363882	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	229,816	25,784	255,600	0.476021	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,320,495	3,270,297	14,590,792	0.321236	0.000000	73.00
74.00	07400	RENAL DIALYSIS	736,858	51,920	788,778	0.581914	0.000000	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	101,696	1,952,318	2,054,014	0.193020	0.000000	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
91.00	09100	EMERGENCY	1,704,823	19,246,624	20,951,447	0.206873	0.000000	91.00
91.01	09101	WOUND CARE	44,344	5,646,987	5,691,331	0.396944	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,303	804,830	816,133	0.571212	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	7,222,077	7,222,077	0.615187	0.000000	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0.000000	0.000000	97.00
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,112,765	4,112,765			116.00
200.00		Subtotal (see instructions)	63,513,732	107,473,654	170,987,386			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	63,513,732	107,473,654	170,987,386			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 9:44 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.266750		54.00
56.00	05600 RADIOISOTOPE	2.914510		56.00
56.02	05602 MRI	0.062370		56.02
56.03	05603 ULTRASOUND	0.153314		56.03
57.00	05700 CT SCAN	0.074582		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.187184		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.448339		65.00
66.00	06600 PHYSICAL THERAPY	0.374115		66.00
68.00	06800 SPEECH PATHOLOGY	0.768746		68.00
69.00	06900 ELECTROCARDIOLOGY	0.506445		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.347228		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.363882		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.476021		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.321236		73.00
74.00	07400 RENAL DIALYSIS	0.581914		74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.193020		76.98
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	09100 EMERGENCY	0.208307		91.00
91.01	09101 WOUND CARE	0.396944		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.571212		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.618141		95.00
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD	0.000000		97.00
99.10	09910 CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150003

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2014 9:44 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	7,021,317		7,021,317	0	7,021,317	30.00
31.00	03100 INTENSIVE CARE UNIT	5,446,613		5,446,613	0	5,446,613	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0		0	0	0	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,017,944		3,017,944	0	3,017,944	54.00
56.00	05600 RADIO SOTOP	963,651		963,651	2,305	965,956	56.00
56.02	05602 MRI	183,068		183,068	0	183,068	56.02
56.03	05603 ULTRASOUND	256,045		256,045	0	256,045	56.03
57.00	05700 CT SCAN	1,006,710		1,006,710	0	1,006,710	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	6,042,016		6,042,016	0	6,042,016	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,619,426	0	1,619,426	0	1,619,426	65.00
66.00	06600 PHYSICAL THERAPY	4,445,976	0	4,445,976	0	4,445,976	66.00
68.00	06800 SPEECH PATHOLOGY	1,099,215	0	1,099,215	0	1,099,215	68.00
69.00	06900 ELECTROCARDIOLOGY	1,949,036		1,949,036	43,830	1,992,866	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,182,277		1,182,277	0	1,182,277	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,409,092		3,409,092	0	3,409,092	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	121,671		121,671	0	121,671	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,687,087		4,687,087	0	4,687,087	73.00
74.00	07400 RENAL DIALYSIS	459,001		459,001	0	459,001	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	396,465		396,465	0	396,465	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	09100 EMERGENCY	4,334,289		4,334,289	30,039	4,364,328	91.00
91.01	09101 WOUND CARE	2,259,138		2,259,138	0	2,259,138	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	466,185		466,185	0	466,185	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	4,442,926		4,442,926	21,337	4,464,263	95.00
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD	56,764		56,764	0	56,764	97.00
99.10	09910 CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	2,471,904		2,471,904		2,471,904	116.00
200.00	Subtotal (see instructions)	57,337,816	0	57,337,816	97,511	57,435,327	200.00
201.00	Less Observation Beds	466,185		466,185		466,185	201.00
202.00	Total (see instructions)	56,871,631	0	56,871,631	97,511	56,969,142	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 9:44 am
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	12,324,972		12,324,972			30.00
31.00 03100 INTENSIVE CARE UNIT	6,518,094		6,518,094			31.00
41.00 04100 SUBPROVIDER - IRF	0		0			41.00
42.00 04200 SUBPROVIDER	0		0			42.00
43.00 04300 NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,185,008	10,128,740	11,313,748	0.266750	0.000000	54.00
56.00 05600 RADIOISOTOPE	0	331,430	331,430	2.907555	0.000000	56.00
56.02 05602 MRI	1,658,280	1,276,909	2,935,189	0.062370	0.000000	56.02
56.03 05603 ULTRASOUND	690,459	979,614	1,670,073	0.153314	0.000000	56.03
57.00 05700 CT SCAN	3,287,967	10,210,022	13,497,989	0.074582	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 06000 LABORATORY	12,032,220	20,246,254	32,278,474	0.187184	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00 06500 RESPIRATORY THERAPY	3,190,045	422,013	3,612,058	0.448339	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	1,188,582	10,695,386	11,883,968	0.374115	0.000000	66.00
68.00 06800 SPEECH PATHOLOGY	496,143	933,738	1,429,881	0.768746	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	1,718,209	2,216,799	3,935,008	0.495307	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	287,553	3,117,349	3,404,902	0.347228	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,786,865	4,581,798	9,368,663	0.363882	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	229,816	25,784	255,600	0.476021	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	11,320,495	3,270,297	14,590,792	0.321236	0.000000	73.00
74.00 07400 RENAL DIALYSIS	736,858	51,920	788,778	0.581914	0.000000	74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	101,696	1,952,318	2,054,014	0.193020	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
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
91.00 09100 EMERGENCY	1,704,823	19,246,624	20,951,447	0.206873	0.000000	91.00
91.01 09101 WOUND CARE	44,344	5,646,987	5,691,331	0.396944	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	11,303	804,830	816,133	0.571212	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	7,222,077	7,222,077	0.615187	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0.000000	0.000000	97.00
99.10 09910 CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET ACQUISITION	0	0	0			111.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	4,112,765	4,112,765			116.00
200.00	Subtotal (see instructions)	63,513,732	107,473,654	170,987,386		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	63,513,732	107,473,654	170,987,386		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 9:44 am	
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600	RADIOLOGY	0.000000		56.00
56.02	05602	MRI	0.000000		56.02
56.03	05603	ULTRASOUND	0.000000		56.03
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	WOUND CARE	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0.000000		97.00
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/29/2014 9:44 am
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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	615,277	0	615,277	9,353	65.78	30.00	
31.00	INTENSIVE CARE UNIT	229,613		229,613	1,747	131.43	31.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	0		0	0	0.00	43.00	
200.00	Total (lines 30-199)	844,890		844,890	11,100		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	5,499	361,724					30.00
31.00	INTENSIVE CARE UNIT	941	123,676					31.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	6,440	485,400					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/29/2014 9:44 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	853,012	11,313,748	0.075396	843,117	54.00
56.00	05600	RADIOISOTOPE	153,250	331,430	0.462390	0	56.00
56.02	05602	MRI	23,727	2,935,189	0.008084	857,328	56.02
56.03	05603	ULTRASOUND	30,231	1,670,073	0.018102	468,653	56.03
57.00	05700	CT SCAN	218,449	13,497,989	0.016184	1,936,644	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	59.00
60.00	06000	LABORATORY	200,183	32,278,474	0.006202	7,103,178	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	146,770	3,612,058	0.040633	1,697,905	65.00
66.00	06600	PHYSICAL THERAPY	343,110	11,883,968	0.028872	448,067	66.00
68.00	06800	SPEECH PATHOLOGY	58,206	1,429,881	0.040707	79,943	68.00
69.00	06900	ELECTROCARDIOLOGY	186,225	3,935,008	0.047325	1,062,401	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96,186	3,404,902	0.028249	172,847	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	107,972	9,368,663	0.011525	1,897,713	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	866	255,600	0.003388	162,657	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	335,970	14,590,792	0.023026	6,359,772	73.00
74.00	07400	RENAL DIALYSIS	154,211	788,778	0.195506	652,424	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,754	2,054,014	0.001828	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
91.00	09100	EMERGENCY	353,947	20,951,447	0.016894	1,051,914	91.00
91.01	09101	WOUND CARE	173,862	5,691,331	0.030549	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	40,852	816,133	0.050056	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	655	0	0.000000	0	97.00
200.00		Total (lines 50-199)	3,481,438	140,809,478		24,794,563	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150003		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/29/2014 9:44 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	2,927,320	0	0	0	2,927,320	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	2,927,320	0	0	0	2,927,320	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	9,353	312.98	5,499	1,721,077		30.00
31.00	03100	INTENSIVE CARE UNIT	1,747	0.00	941	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	0	0.00	0	0		43.00
200.00		Total (lines 30-199)	11,100		6,440	1,721,077		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:44 am
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.02	05602	MRI	0	0	0	0	0	0	56.02
56.03	05603	ULTRASOUND	0	0	0	0	0	0	56.03
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	416,824	0	416,824	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
91.01	09101	WOUND CARE	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	194,361	0	0	194,361	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	194,361	416,824	0	611,185	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:44 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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,313,748	0.000000	0.000000	843,117	54.00
56.00	05600 RADIOISOTOPE	0	331,430	0.000000	0.000000	0	56.00
56.02	05602 MRI	0	2,935,189	0.000000	0.000000	857,328	56.02
56.03	05603 ULTRASOUND	0	1,670,073	0.000000	0.000000	468,653	56.03
57.00	05700 CT SCAN	0	13,497,989	0.000000	0.000000	1,936,644	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	32,278,474	0.000000	0.000000	7,103,178	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	3,612,058	0.000000	0.000000	1,697,905	65.00
66.00	06600 PHYSICAL THERAPY	0	11,883,968	0.000000	0.000000	448,067	66.00
68.00	06800 SPEECH PATHOLOGY	0	1,429,881	0.000000	0.000000	79,943	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,935,008	0.000000	0.000000	1,062,401	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,404,902	0.000000	0.000000	172,847	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,368,663	0.000000	0.000000	1,897,713	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	255,600	0.000000	0.000000	162,657	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	416,824	14,590,792	0.028568	0.028568	6,359,772	73.00
74.00	07400 RENAL DIALYSIS	0	788,778	0.000000	0.000000	652,424	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,054,014	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100 EMERGENCY	0	20,951,447	0.000000	0.000000	1,051,914	91.00
91.01	09101 WOUND CARE	0	5,691,331	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	194,361	816,133	0.238149	0.238149	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	611,185	140,809,478			24,794,563	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:44 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	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	803,715	0	54.00
56.00	05600 RADIOISOTOPE	0	7,412	0	56.00
56.02	05602 MRI	0	294,428	0	56.02
56.03	05603 ULTRASOUND	0	174,513	0	56.03
57.00	05700 CT SCAN	0	2,202,112	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	991,909	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	70,127	0	65.00
66.00	06600 PHYSICAL THERAPY	0	81,713	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	31,914	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	861,771	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	890,484	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	569,548	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,700	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	181,686	1,015,617	29,014	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	825,553	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
91.00	09100 EMERGENCY	0	2,636,042	0	91.00
91.01	09101 WOUND CARE	0	4,143,364	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD	0	0	0	97.00
200.00	Total (Lines 50-199)	181,686	15,604,922	29,014	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 9:44 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	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.266750	803,715	0	214,391	54.00
56.00	05600 RADIOISOTOPE	2.907555	7,412	0	21,551	56.00
56.02	05602 MRI	0.062370	294,428	0	18,363	56.02
56.03	05603 ULTRASOUND	0.153314	174,513	0	26,755	56.03
57.00	05700 CT SCAN	0.074582	2,202,112	0	164,238	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000 LABORATORY	0.187184	991,909	1,971	185,669	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.448339	70,127	0	31,441	65.00
66.00	06600 PHYSICAL THERAPY	0.374115	81,713	0	30,570	66.00
68.00	06800 SPEECH PATHOLOGY	0.768746	31,914	0	24,534	68.00
69.00	06900 ELECTROCARDIOLOGY	0.495307	861,771	0	426,841	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.347228	890,484	0	309,201	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.363882	569,548	0	207,248	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.476021	4,700	0	2,237	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.321236	1,015,617	0	23,324	73.00
74.00	07400 RENAL DIALYSIS	0.581914	0	0	0	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.193020	825,553	0	159,348	76.98
OUTPATIENT SERVICE COST CENTERS						
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
91.00	09100 EMERGENCY	0.206873	2,636,042	0	545,326	91.00
91.01	09101 WOUND CARE	0.396944	4,143,364	0	1,644,683	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.571212	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.615187	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	0	97.00
200.00	Subtotal (see instructions)		15,604,922	1,971	23,324	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		15,604,922	1,971	23,324	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 9:44 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.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.02 05602 MRI	0	0		56.02
56.03 05603 ULTRASOUND	0	0		56.03
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	369	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7,493		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 WOUND CARE	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
97.00 09700 DURABLE MEDICAL EQUIP. - SOLD	0	0		97.00
200.00	Subtotal (see instructions)	369	7,493	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	369	7,493	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2014 9:44 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,353	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,353	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)		8,732	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)		5,499	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,021,317	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)		7,021,317	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
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)		7,021,317	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		750.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,128,099	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)		4,128,099	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/29/2014 9:44 am	
Title XVIII			Hospital	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	5,446,613	1,747	3,117.69	941	2,933,746	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,822,387	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					13,884,232	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,206,477	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					790,595	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,997,072	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,887,160	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)					621	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					750.70	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					466,185	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150003		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 9:44 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	615,277	7,021,317	0.087630	466,185	40,852	90.00
91.00	Nursing School cost	2,927,320	7,021,317	0.416919	466,185	194,361	91.00
92.00	Allied health cost	0	7,021,317	0.000000	466,185	0	92.00
93.00	All other Medical Education	0	7,021,317	0.000000	466,185	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX		Hospital
				Date/Time Prepared: 5/29/2014 9:44 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,353	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,353	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)		8,732	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,107	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,021,317	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)		7,021,317	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
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)		7,021,317	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		750.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		831,025	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)		831,025	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/29/2014 9:44 am
Cost Center Description			Title XIX	Hospital	Cost
	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)	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	5,446,613	1,747	3,117.69	0
44.00	CORONARY CARE UNIT				
45.00	BURN INTENSIVE CARE UNIT				
46.00	SURGICAL INTENSIVE CARE UNIT				
47.00	OTHER SPECIAL CARE (SPECIFY)				
Cost Center Description					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,380,803
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				2,211,828
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0
52.00	Total Program excludable cost (sum of lines 50 and 51)				0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
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
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
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)				621
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				750.70
89.00	Observation bed cost (line 87 x line 88) (see instructions)				466,185

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150003		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 9:44 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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 9:44 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		7,776,090		30.00
31.00	03100 INTENSIVE CARE UNIT		2,839,067		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.266750	843,117	224,901	54.00
56.00	05600 RADIOISOTOPE	2.914510	0	0	56.00
56.02	05602 MRI	0.062370	857,328	53,472	56.02
56.03	05603 ULTRASOUND	0.153314	468,653	71,851	56.03
57.00	05700 CT SCAN	0.074582	1,936,644	144,439	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.187184	7,103,178	1,329,601	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.448339	1,697,905	761,237	65.00
66.00	06600 PHYSICAL THERAPY	0.374115	448,067	167,629	66.00
68.00	06800 SPEECH PATHOLOGY	0.768746	79,943	61,456	68.00
69.00	06900 ELECTROCARDIOLOGY	0.506445	1,062,401	538,048	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.347228	172,847	60,017	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.363882	1,897,713	690,544	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.476021	162,657	77,428	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.321236	6,359,772	2,042,988	73.00
74.00	07400 RENAL DIALYSIS	0.581914	652,424	379,655	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.193020	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	09100 EMERGENCY	0.208307	1,051,914	219,121	91.00
91.01	09101 WOUND CARE	0.396944	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.571212	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		24,794,563	6,822,387	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)		24,794,563		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 9:44 am	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,727,652	30.00
31.00	03100	INTENSIVE CARE UNIT		844,429	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.266750	220,328	54.00
56.00	05600	RADIOISOTOPE	2.907555	0	56.00
56.02	05602	MRI	0.062370	176,001	56.02
56.03	05603	ULTRASOUND	0.153314	67,117	56.03
57.00	05700	CT SCAN	0.074582	405,639	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.187184	1,342,684	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.448339	389,873	65.00
66.00	06600	PHYSICAL THERAPY	0.374115	212,273	66.00
68.00	06800	SPEECH PATHOLOGY	0.768746	9,765	68.00
69.00	06900	ELECTROCARDIOLOGY	0.495307	149,662	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.347228	30,340	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.363882	398,873	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.476021	1,114	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.321236	1,365,392	73.00
74.00	07400	RENAL DIALYSIS	0.581914	65,205	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.193020	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
91.00	09100	EMERGENCY	0.206873	244,454	91.00
91.01	09101	WOUND CARE	0.396944	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.571212	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP. - SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		5,078,720	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)		5,078,720	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 9:44 am
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
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)		6,856,483	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		1,927,097	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)		243,828	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		1,146,274	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		92.30	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.71	30.00
31.00	Percentage of Medicaid patient days (see instructions)		12.28	31.00
32.00	Sum of lines 30 and 31		16.99	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.79	33.00
34.00	Disproportionate share adjustment (see instructions)		278,120	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 9:44 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000044963	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			406,752	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			102,524	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		102,524		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	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)			9,408,052	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)			9,408,052	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			721,802	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			717,488	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).			1,721,077	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			181,686	58.00
59.00	Total (sum of amounts on lines 49 through 58)			12,750,105	59.00
60.00	Primary payer payments			7,686	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			12,742,419	61.00
62.00	Deductibles billed to program beneficiaries			1,110,056	62.00
63.00	Coinurance billed to program beneficiaries			69,546	63.00
64.00	Allowable bad debts (see instructions)			228,547	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			148,556	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			92,436	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			11,711,373	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	PSR ADJUSTMENT			-3,193	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			0	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-2,891	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: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 9:44 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)		11,705,289		71.00
71.01	Sequestration adjustment (see instructions)		176,750		71.01
72.00	Interim payments		11,394,529		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		134,010		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		2,225,361		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		243,828		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		25,773		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: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 9:44 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,862	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		4,309,635	2.00
3.00	PPS payments		3,347,121	3.00
4.00	Outlier payment (see instructions)		11,929	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.853	5.00
6.00	Line 2 times line 5		3,676,119	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		91.37	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		29,014	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,862	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		25,295	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)		25,295	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		25,295	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		17,433	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)		7,862	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)		3,388,064	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
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)		782,721	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)		2,613,205	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,613,205	30.00
31.00	Primary payer payments		459	31.00
32.00	Subtotal (line 30 minus line 31)		2,612,746	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		160,367	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		104,239	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		94,107	36.00
37.00	Subtotal (see instructions)		2,716,985	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)		2,716,985	40.00
40.01	Sequestration adjustment (see instructions)		41,026	40.01
41.00	Interim payments		2,700,602	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-24,643	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		11,929	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: 150003		Period: From 01/01/2013 To 12/31/2013		Worksheet E-1 Part I Date/Time Prepared: 5/29/2014 9:44 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		11,394,529		2,700,602	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)		11,394,529		2,700,602	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		134,010		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		24,643	6.02	
7.00	Total Medicare program liability (see instructions)		11,528,539		2,675,959	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor			01001		8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150003

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2014 9:44 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	2,204	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	6,440	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2	812	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	10,479	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	170,987,386	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	7,874,504	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)	1,604,081	8.00
9.00	Sequestration adjustment amount (see instructions)	32,082	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,571,999	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	1,690,526	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)	-118,527	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2014 9:44 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,211,828		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,211,828	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,211,828	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		5,078,720	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		5,078,720	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		5,078,720	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,866,892	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,211,828	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,211,828	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,211,828	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,211,828	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		2,211,828	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,211,828	0	40.00
41.00	Interim payments		2,211,828	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0		43.00

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

Provider CCN: 150003

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

Worksheet G

Date/Time Prepared:
5/29/2014 9:44 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	391,000	0	0	0	1.00
2.00	Temporary investments	12,685,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	44,595,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,390,000	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	5,015,000	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)	66,076,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	224,540,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	224,540,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	9,925,000	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	3,376,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,301,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	303,917,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,403,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,321,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	148,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,832,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	28,704,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,359,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,359,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	32,063,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	271,854,000				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)	271,854,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	303,917,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150003

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

Worksheet G-1

Date/Time Prepared:
5/29/2014 9:44 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		269,418,099		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,598,655			2.00
3.00	Total (sum of line 1 and line 2)		271,016,754		0	3.00
4.00	ADJUST TO AFS	837,246		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		837,246		0	10.00
11.00	Subtotal (line 3 plus line 10)		271,854,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		271,854,000		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	ADJUST TO AFS		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: 150003

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	81,048,518		81,048,518	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,253,603		3,253,603	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	84,302,121		84,302,121	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,227,410		14,227,410	11.00
12.00	CORONARY CARE UNIT				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)	14,227,410		14,227,410	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	98,529,531		98,529,531	17.00
18.00	Ancillary services	306,109,831	379,941,547	686,051,378	18.00
19.00	Outpatient services	8,546,510	75,580,496	84,127,006	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	4,112,765	4,112,765	26.00
27.00	NICU	14,489,995	12,628	14,502,623	27.00
27.01	NON REIMBURSABLE	-3,034,395	170,275	-2,864,120	27.01
27.02	HHA	0	6,232,044	6,232,044	27.02
27.03	PHYSICIAN (CORP 44)	0	56,913,434	56,913,434	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	424,641,472	522,963,189	947,604,661	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		56,028,043		29.00
30.00	AFFILIATES	231,570,390			30.00
31.00	PHYSICIAN (CORP 44)	57,360,143			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)		288,930,533		36.00
37.00		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)		344,958,576		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150003

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

Worksheet G-3

Date/Time Prepared:
5/29/2014 9:44 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	947,604,661	1.00
2.00	Less contractual allowances and discounts on patients' accounts	623,842,430	2.00
3.00	Net patient revenues (line 1 minus line 2)	323,762,231	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	344,958,576	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-21,196,345	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	103,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	16,299,000	24.00
24.01	GAIN ON SALE	41,000	24.01
24.02	EQUITY IN EARNINGS OF INVESTMENTS	6,331,000	24.02
24.03	CONTRIBUTIONS	13,000	24.03
24.04	OTHER	8,000	24.04
25.00	Total other income (sum of lines 6-24)	22,795,000	25.00
26.00	Total (line 5 plus line 25)	1,598,655	26.00
27.00		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)	1,598,655	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet 1-5 Date/Time Prepared: 5/29/2014 9:44 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART 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
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
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

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150003

Period: From 01/01/2013

Worksheet K

Hospice CCN: 151563

To 12/31/2013

Date/Time Prepared: 5/29/2014 9:44 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		99,553	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	519,318	0	0	12,679	113,428	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	3,348	0	0	18,726	0	7.00
8.00	Inpatient - Respite Care	3,243	0	0	2,392	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	19,800	0	9.00
10.00	Nursing Care	301,085	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	12,954	0	0	0	0	11.00
12.00	Physical Therapy	852	0	0	0	0	12.00
13.00	Occupational Therapy	294	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	122,995	0	0	0	0	15.00
16.00	Spiritual Counseling	110,440	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	58,796	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	189,149	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	26,146	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	5,086	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,133,325	0	0	58,683	428,276	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150003

Period: From 01/01/2013

Worksheet K

Hospice CCN: 151563

To 12/31/2013

Date/Time Prepared: 5/29/2014 9:44 am

		Hospice I				
	Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	99,553	0	99,553	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	645,425	0	645,425	-1,416	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	22,074	0	22,074	0	7.00
8.00	Inpatient - Respite Care	5,635	0	5,635	0	8.00
VISITING SERVICES						
9.00	Physician Services	19,800	0	19,800	0	9.00
10.00	Nursing Care	301,085	0	301,085	0	10.00
11.00	Nursing Care-Continuous Home Care	12,954	0	12,954	0	11.00
12.00	Physical Therapy	852	0	852	0	12.00
13.00	Occupational Therapy	294	0	294	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	122,995	0	122,995	0	15.00
16.00	Spiritual Counseling	110,440	0	110,440	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	58,796	0	58,796	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	189,149	-189,149	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	26,146	-26,146	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	5,086	0	5,086	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,620,284	-215,295	1,404,989	-1,416	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150003

Period: From 01/01/2013

Worksheet K-1

Hospice CCN: 151563

To 12/31/2013

Date/Time Prepared: 5/29/2014 9:44 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	139,053	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	434	0	2,914	7.00
8.00	Inpatient - Respite Care	0	0	413	0	2,830	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	301,085	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	12,954	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	122,995	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	123,842	139,053	319,783	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150003

Period: From 01/01/2013

Worksheet K-1

Hospice CCN: 151563

To 12/31/2013

Date/Time Prepared: 5/29/2014 9:44 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	380,265	519,318	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	3,348	7.00
8.00	Inpatient - Respite Care		0	0	3,243	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	301,085	10.00
11.00	Nursing Care-Continuous Home Care		0	0	12,954	11.00
12.00	Physical Therapy	852	0	0	852	12.00
13.00	Occupational Therapy	294	0	0	294	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	122,995	15.00
16.00	Spiritual Counseling		0	110,440	110,440	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		58,796	0	58,796	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,146	58,796	490,705	1,133,325	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150003	Period: From 01/01/2013	Worksheet K-3
		Hospice CCN: 151563	To 12/31/2013	Date/Time Prepared: 5/29/2014 9:44 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150003 Hospice CCN: 151563		Period: From 01/01/2013 To 12/31/2013		Worksheet K-3 Date/Time Prepared: 5/29/2014 9:44 am	
		Hospice I					
		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	12,679	12,679		6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care		0	18,726	18,726		7.00
8.00	Inpatient - Respite Care		0	2,392	2,392		8.00
VISITING SERVICES							
9.00	Physician Services		0	19,800	19,800		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	0	0		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	5,086	5,086		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	58,683	58,683		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150003	Period: From 01/01/2013	Worksheet K-4	
		Hospice CCN: 151563	To 12/31/2013	Part I	
		Hospice I		Date/Time Prepared: 5/29/2014 9:44 am	
	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION
		BUILDINGS & FIXTURES	MOVABLE EQUIPMENT		
		1.00	2.00		
	0			3.00	4.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.	0	0		1.00
2.00	Capital Related Costs-Movable Equip.	99,553		99,553	2.00
3.00	Plant Operation and Maintenance	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	5.00
6.00	Administrative and General	644,009	0	99,553	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	22,074	0	0	7.00
8.00	Inpatient - Respite Care	5,635	0	0	8.00
VISITING SERVICES					
9.00	Physician Services	19,800	0	0	9.00
10.00	Nursing Care	301,085	0	0	10.00
11.00	Nursing Care-Continuous Home Care	12,954	0	0	11.00
12.00	Physical Therapy	852	0	0	12.00
13.00	Occupational Therapy	294	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	122,995	0	0	15.00
16.00	Spiritual Counseling	110,440	0	0	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	58,796	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	0	0	0	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	0	0	0	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	5,086	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,403,573	0	99,553	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150003	Period: From 01/01/2013	Worksheet K-4
		Hospice CCN: 151563	To 12/31/2013	Part I Date/Time Prepared: 5/29/2014 9:44 am
		Hospice I		
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)
	5.00	5A	6.00	7.00
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.			1.00
2.00	Capital Related Costs-Movable Equip.			2.00
3.00	Plant Operation and Maintenance			3.00
4.00	Transportation - Staff			4.00
5.00	Volunteer Service Coordination	0		5.00
6.00	Administrative and General	0	743,562	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	22,074	7.00
8.00	Inpatient - Respite Care	0	5,635	8.00
VISITING SERVICES				
9.00	Physician Services	0	19,800	9.00
10.00	Nursing Care	0	301,085	10.00
11.00	Nursing Care-Continuous Home Care	0	12,954	11.00
12.00	Physical Therapy	0	852	12.00
13.00	Occupational Therapy	0	294	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	122,995	15.00
16.00	Spiritual Counseling	0	110,440	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	58,796	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	5,086	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,403,573	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

Period: From 01/01/2013

Worksheet K-4

Hospice CCN: 151563

To 12/31/2013

Part II
Date/Time Prepared:
5/29/2014 9:44 am

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	6,116				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	6,116	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	99,553	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	16.277469	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

Period: From 01/01/2013

Worksheet K-4

Hospice CCN: 151563

To 12/31/2013

Part II
Date/Time Prepared:
5/29/2014 9:44 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-743,562	660,011	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	22,074	7.00
8.00	Inpatient - Respite Care	0	5,635	8.00
VISITING SERVICES				
9.00	Physician Services	0	19,800	9.00
10.00	Nursing Care	0	301,085	10.00
11.00	Nursing Care-Continuous Home Care	0	12,954	11.00
12.00	Physical Therapy	0	852	12.00
13.00	Occupational Therapy	0	294	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	122,995	15.00
16.00	Spiritual Counseling	0	110,440	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	58,796	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	5,086	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		743,562	39.00
40.00	Unit Cost Multiplier		1.126590	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period:

Worksheet K-5

Hospice CCN: 151563

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

Part I
Date/Time Prepared:
5/29/2014 9:44 am

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	MGMT INFO SYSTEMS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
1.00 Administrative and General		32,328	0	549,578	7,431	1.00
2.00 Inpatient - General Care	46,942	0	0	0	0	2.00
3.00 Inpatient - Respite Care	11,983	0	0	0	0	3.00
4.00 Physician Services	42,106	0	0	0	0	4.00
5.00 Nursing Care	640,285	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	27,548	0	0	0	0	6.00
7.00 Physical Therapy	1,812	0	0	0	0	7.00
8.00 Occupational Therapy	625	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	261,560	0	0	0	0	10.00
11.00 Spiritual Counseling	234,861	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	125,035	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	10,816	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,403,573	32,328	0	549,578	7,431	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period:

Worksheet K-5

Hospice CCN: 151563

From 01/01/2013

Part I

To 12/31/2013

Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		Hospice I				ADMINISTRATIVE AND GENERAL	
		PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal		
		5.03	5.04	5.05	5A.05	5.06	
1.00	Administrative and General	3,438	0	11,030	603,805	75,947	1.00
2.00	Inpatient - General Care	0	0	0	46,942	5,904	2.00
3.00	Inpatient - Respite Care	0	0	0	11,983	1,507	3.00
4.00	Physician Services	0	0	0	42,106	5,296	4.00
5.00	Nursing Care	0	0	0	640,285	80,537	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	27,548	3,465	6.00
7.00	Physical Therapy	0	0	0	1,812	228	7.00
8.00	Occupational Therapy	0	0	0	625	79	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	261,560	32,899	10.00
11.00	Spiritual Counseling	0	0	0	234,861	29,541	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	125,035	15,727	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	10,816	1,360	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,438	0	11,030	2,007,378	252,490	34.00
35.00	Unit Cost Multiplier (see instructions)				0.000000		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period:

Worksheet K-5

Hospice CCN: 151563

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

Part I
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		Hospice I					
		OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	CAFETERIA 11.00	
1.00	Administrative and General	67,439	0	37,748	0	27,789	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	67,439	0	37,748	0	27,789	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period:

Worksheet K-5

Hospice CCN: 151563

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

Part I
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		Hospice I					
		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	61,309	0	0	12,947	4,804	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	61,309	0	0	12,947	4,804	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151563

To 12/31/2013

Part I
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		Hospice I					
		NURSING SCHOOL	PARAMED ED PRGM	Subtotal (col.s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	
		20.00	23.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	891,788			1.00
2.00	Inpatient - General Care	0	0	52,846	0	52,846	2.00
3.00	Inpatient - Respite Care	0	0	13,490	0	13,490	3.00
4.00	Physician Services	0	0	47,402	0	47,402	4.00
5.00	Nursing Care	0	0	720,822	0	720,822	5.00
6.00	Nursing Care-Continuous Home Care	0	0	31,013	0	31,013	6.00
7.00	Physical Therapy	0	0	2,040	0	2,040	7.00
8.00	Occupational Therapy	0	0	704	0	704	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	294,459	0	294,459	10.00
11.00	Spiritual Counseling	0	0	264,402	0	264,402	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	140,762	0	140,762	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	12,176	0	12,176	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	2,471,904	0	2,471,904	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150003	Period: From 01/01/2013	Worksheet K-5
		Hospice CCN: 151563	To 12/31/2013	Part I Date/Time Prepared: 5/29/2014 9:44 am
		Hospice I		

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	29,825	82,671	2.00
3.00	Inpatient - Respite Care	7,613	21,103	3.00
4.00	Physician Services	26,753	74,155	4.00
5.00	Nursing Care	406,821	1,127,643	5.00
6.00	Nursing Care-Continuous Home Care	17,503	48,516	6.00
7.00	Physical Therapy	1,151	3,191	7.00
8.00	Occupational Therapy	397	1,101	8.00
9.00	Speech/ Language Pathology	0	0	9.00
10.00	Medical Social Services	166,187	460,646	10.00
11.00	Spiritual Counseling	149,223	413,625	11.00
12.00	Dietary Counseling	0	0	12.00
13.00	Counseling - Other	0	0	13.00
14.00	Home Health Aide and Homemaker	79,443	220,205	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	15.00
16.00	Other	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	17.00
18.00	Analgesics	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	19.00
20.00	Other - Specify	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	21.00
22.00	Patient Transportation	0	0	22.00
23.00	Imaging Services	0	0	23.00
24.00	Labs and Diagnostics	0	0	24.00
25.00	Medical Supplies	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	6,872	19,048	26.00
27.00	Radiation Therapy	0	0	27.00
28.00	Chemotherapy	0	0	28.00
29.00	Other	0	0	29.00
30.00	Bereavement Program Costs	0	0	30.00
31.00	Volunteer Program Costs	0	0	31.00
32.00	Fundraising	0	0	32.00
33.00	Other Program Costs	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)		2,471,904	34.00
35.00	Unit Cost Multiplier (see instructions)	0.564381		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ASSIGNED TIME)	MGMT INFO SYSTEMS (MANHRS)	PURCHASING (COSTED REQUI STION)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
1.00	Administrative and General	4,695	0	1,133,325	33,183	26,146	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,695	0	1,133,325	33,183	26,146	34.00
35.00	Total cost to be allocated	32,328	0	549,578	7,431	3,438	35.00
36.00	Unit Cost Multiplier (see instructions)	6.885623	0.000000	0.484925	0.223940	0.131492	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		Hospice I					
		ADMITTING (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	7.00	
1.00	Administrative and General	0	4,112,765	0	603,805	4,695	1.00
2.00	Inpatient - General Care	0	0	0	46,942	0	2.00
3.00	Inpatient - Respite Care	0	0	0	11,983	0	3.00
4.00	Physician Services	0	0	0	42,106	0	4.00
5.00	Nursing Care	0	0	0	640,285	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	27,548	0	6.00
7.00	Physical Therapy	0	0	0	1,812	0	7.00
8.00	Occupational Therapy	0	0	0	625	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	261,560	0	10.00
11.00	Spiritual Counseling	0	0	0	234,861	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	125,035	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	10,816	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	4,112,765		2,007,378	4,695	34.00
35.00	Total cost to be allocated	0	11,030		252,490	67,439	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.002682		0.125781	14.364004	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description	Hospice I					
	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHRS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	0	4,695	0	33,183	33,183	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	4,695	0	33,183	33,183	34.00
35.00 Total cost to be allocated	0	37,748	0	27,789	61,309	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	8.040043	0.000000	0.837447	1.847603	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		Hospice I					
		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	NURSING SCHOOL (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	20.00	
1.00	Administrative and General	0	0	4,112,765	4,112,765	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	4,112,765	4,112,765	0	34.00
35.00	Total cost to be allocated	0	0	12,947	4,804	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.003148	0.001168	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
5/29/2014 9:44 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	Hospice I
		23.00	
1.00	Administrative and General	0	1.00
2.00	Inpatient - General Care	0	2.00
3.00	Inpatient - Respite Care	0	3.00
4.00	Physician Services	0	4.00
5.00	Nursing Care	0	5.00
6.00	Nursing Care-Continuous Home Care	0	6.00
7.00	Physical Therapy	0	7.00
8.00	Occupational Therapy	0	8.00
9.00	Speech/ Language Pathology	0	9.00
10.00	Medical Social Services	0	10.00
11.00	Spiritual Counseling	0	11.00
12.00	Dietary Counseling	0	12.00
13.00	Counseling - Other	0	13.00
14.00	Home Health Aide and Homemaker	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	15.00
16.00	Other	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	17.00
18.00	Analgesics	0	18.00
19.00	Sedatives / Hypnotics	0	19.00
20.00	Other - Specify	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	21.00
22.00	Patient Transportation	0	22.00
23.00	Imaging Services	0	23.00
24.00	Labs and Diagnostics	0	24.00
25.00	Medical Supplies	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	26.00
27.00	Radiation Therapy	0	27.00
28.00	Chemotherapy	0	28.00
29.00	Other	0	29.00
30.00	Bereavement Program Costs	0	30.00
31.00	Volunteer Program Costs	0	31.00
32.00	Fundraising	0	32.00
33.00	Other Program Costs	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	34.00
35.00	Total cost to be allocated	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150003	Period: From 01/01/2013	Worksheet K-5		
		Hospice CCN: 151563	To 12/31/2013	Part III Date/Time Prepared: 5/29/2014 9:44 am		
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.374115	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00				2.00
3.00	SPEECH PATHOLOGY	68.00	0.768746	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.321236	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.187184	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.363882	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00				10.00
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.193020	0	0	10.98
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150003

Period: From 01/01/2013

Worksheet K-6

Hospice CCN: 151563

To 12/31/2013

Date/Time Prepared: 5/29/2014 9:44 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,471,904	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				13,332	2.00
3.00	Average cost per diem (line 1 divided by line 2)				185.41	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	12,556				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,328,008				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		522			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		96,784			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			254		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			47,094		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150003	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/29/2014 9:44 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		696,029	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		25,773	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)		28.71	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		721,802	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00