

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: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/29/2014 10:32 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/29/2014 Time: 10:32 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 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 EAST (150109) 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	763,247	79,673	-144,733	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-706	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC (RHC) I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	762,541	79,673	-144,733	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: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 10:31 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00			
1.00	Street: 1701 SOUTH CREASY LANCE	PO Box:	Zip Code: 47905-		County: TIPPECANOE				1.00
2.00	City: LAFAYETTE	State: IN							2.00

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ST. ELIZABETH EAST	150109	29140	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	ST. ELIZABETH REHAB UNIT	15T109	29140	5	01/01/1995	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ST. ELIZABETH HHA	157124	29140		07/06/1966	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		

20.00	Cost Reporting Period (mm/dd/yyyy)	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	Y			22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
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.						
	3,603	1,293	27	0	5,070	107	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.						
	141	63	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 10:31 am		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00	
		V	XVII	XIX		
		1.00	2.00	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	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	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)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00
			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 10:31 am																
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	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															
		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														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00							
		1.00	2.00	3.00	4.00	5.00														
Inpatient Psychiatric Facility PPS																				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N															
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period 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														
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.				Y															
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N 0														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00							
		1.00	2.00	3.00	4.00	5.00														
Long Term Care Hospital PPS																				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N														
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														
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.																			
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> </tr> </tbody> </table>									V	XIX			1.00	2.00						
		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														
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														
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														
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														
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N														
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00														

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		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column. Rural Providers	0.00	0.00	97.00		
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	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:	928,000	454,501	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.					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 10:31 am	
		1.00	2.00		
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	158014	140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: FRANCISCAN ALLIANCE, INC.	Contractor's Name: WPS		Contractor's Number: 08101	
142.00	Street: 1515 DRAGOON TRAIL	PO Box: 1290			
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546-1290	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00	
				1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A		Part B	
		1.00		2.00	
		Title V		Title XIX	
		3.00		4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC			N	N
161.10	CORF		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00	
		Name		County	
		0		1.00	
		State		Zip Code	
		2.00		3.00	
		CBSA		FTE/Campus	
		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5			0.00	
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	1.00		169.00	
		Beginning		Ending	
		1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2013		12/31/2013	
				170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 10:31 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
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
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		
			Y/N	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N	Legal Oper.	
			1.00	2.00	
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
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
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
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 10:31 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.			Y	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 - EAST			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

		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: 150109

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 10:31 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	138	50,370	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)		138	50,370	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	14	5,110	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		164	59,860	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		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	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC (RHC)	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		182				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: 150109

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 10:31 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)	9,846	5,030	25,260			1.00
2.00 HMO and other (see instructions)	1,383	5,070				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)	9,846	5,030	25,260			7.00
8.00 INTENSIVE CARE UNIT	1,252	0	2,723			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	0	3,505			12.00
13.00 NURSERY		0	1,180			13.00
14.00 Total (see instructions)	11,098	5,030	32,668	0.00	1,057.29	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	83	204	2,404	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	11,130	0	15,144	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC (RHC)	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,057.29	27.00
28.00 Observation Bed Days		0	0			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	2,421			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: 150109

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 10:31 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	2,859	1,487	7,910	1.00	
2.00 HMO and other (see instructions)			364			2.00	
3.00 HMO IPF Subprovider						3.00	
4.00 HMO IRF Subprovider						4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00	
6.00 Hospital Adults & Peds. Swing Bed NF						6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00	
8.00 INTENSIVE CARE UNIT						8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 NEONATAL INTENSIVE CARE UNIT						12.00	
13.00 NURSERY						13.00	
14.00 Total (see instructions)	0.00	0	2,859	1,487	7,910	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00	
17.00 SUBPROVIDER - IRF	0.00	0	9	17	222	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	0.00					22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)						24.10	
25.00 CMHC - CMHC						25.00	
25.10 CMHC - CORF	0.00					25.10	
26.00 RURAL HEALTH CLINIC (RHC)	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: 150109		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/29/2014 10:31 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	55,455,369	7,884,278	63,339,647	2,199,170.00	28.80	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,435,059	0	3,435,059	117,761.00	29.17	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		413,551	0	413,551	6,272.50	65.93	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		12,165,370	0	12,165,370	223,240.00	54.49	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		25,879,506	0	25,879,506			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,952,988	0	2,952,988			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,307,874	-479,613	828,261	28,829.00	28.73	26.00
27.00	Administrative & General	5.00	5,215,395	3,557,584	8,772,979	348,885.00	25.15	27.00
28.00	Administrative & General under contract (see inst.)		165,214	0	165,214	2,541.75	65.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,755,526	790,671	2,546,197	115,224.00	22.10	30.00
31.00	Laundry & Linen Service	8.00	0	114,589	114,589	9,041.00	12.67	31.00
32.00	Housekeeping	9.00	1,205,263	0	1,205,263	94,970.00	12.69	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,176,554	-617,684	558,870	79,322.00	7.05	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	438,697	617,684	1,056,381	35,337.00	29.89	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,777,216	-518,539	2,258,677	64,043.00	35.27	38.00
39.00	Central Services and Supply	14.00	461,849	0	461,849	27,648.00	16.70	39.00
40.00	Pharmacy	15.00	2,233,985	0	2,233,985	63,929.00	34.94	40.00
41.00	Medical Records & Medical Records Library	16.00	1,236,089	-181,629	1,054,460	49,817.00	21.17	41.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150109		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/29/2014 10:31 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	619,813	-115,727	504,086	19,964.00	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: 150109

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2014 10:31 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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	55,620,583	7,884,278	63,504,861	2,201,711.75	28.84	1.00
2.00	Excluded area salaries (see instructions)	3,435,059	0	3,435,059	117,761.00	29.17	2.00
3.00	Subtotal salaries (line 1 minus line 2)	52,185,524	7,884,278	60,069,802	2,083,950.75	28.82	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,578,921	0	12,578,921	229,512.50	54.81	4.00
5.00	Subtotal wage-related costs (see inst.)	25,879,506	0	25,879,506	0.00	43.08	5.00
6.00	Total (sum of lines 3 thru 5)	90,643,951	7,884,278	98,528,229	2,313,463.25	42.59	6.00
7.00	Total overhead cost (see instructions)	18,593,475	3,167,336	21,760,811	939,550.75	23.16	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2014 10:31 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)		541,341	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		6,279,710	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)		11,550,404	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		-38,325	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		22,792	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)		169,730	14.00
15.00	'Workers' Compensation Insurance		232,495	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		3,821,953	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		60,065	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		101,165	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		22,741,330	24.00
Part B - Other than Core Related Cost				
25.00	EMPLOYEE ASSISTANCE		756,519	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/29/2014 10:31 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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150109 Component CCN: 157124		Period: From 01/01/2013 To 12/31/2013		Worksheet S-4 Date/Time Prepared: 5/29/2014 10:31 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			TIPPEECANOE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,646	15	387	2,048	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	571.00	13.00	310.00	894.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			13.10	0.00	13.10	5.00
6.00	Direct Nursing Service			7.23	0.00	7.23	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			1.57	0.00	1.57	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.10	0.00	0.10	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.16	0.00	0.16	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.15	0.00	0.15	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.42	0.00	1.42	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	INFUSION			6.74	0.00	6.74	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			29140			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,610	164	146	85	5,005	21.00
22.00	Skilled Nursing Visit Charges	1,328,152	50,375	36,800	23,750	1,439,077	22.00
23.00	Physical Therapy Visits	3,053	35	50	70	3,208	23.00
24.00	Physical Therapy Visit Charges	938,060	10,850	13,330	21,080	983,320	24.00
25.00	Occupational Therapy Visits	1,047	4	8	12	1,071	25.00
26.00	Occupational Therapy Visit Charges	324,260	1,240	2,480	3,720	331,700	26.00
27.00	Speech Pathology Visits	92	0	1	0	93	27.00
28.00	Speech Pathology Visit Charges	28,520	0	310	0	28,830	28.00
29.00	Medical Social Service Visits	99	1	2	2	104	29.00
30.00	Medical Social Service Visit Charges	35,640	360	720	720	37,440	30.00
31.00	Home Health Aide Visits	1,569	56	5	19	1,649	31.00
32.00	Home Health Aide Visit Charges	226,780	8,120	725	2,755	238,380	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,470	260	212	188	11,130	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,881,412	70,945	54,365	52,025	3,058,747	35.00
36.00	Total Number of Episodes (standard/non outlier)	604		63	13	680	36.00
37.00	Total Number of Outlier Episodes		5		0	5	37.00
38.00	Total Non-Routine Medical Supply Charges	310,821	5,653	10,201	285	326,960	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/29/2014 10:31 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.297620		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,862,569		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		89,580,752		6.00
7.00	Medicaid cost (line 1 times line 6)		26,661,023		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)		15,798,454		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)		15,798,454		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	39,055,440	659,120	39,714,560	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	11,623,680	196,167	11,819,847	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)	11,623,680	196,167	11,819,847	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)		8,141,003		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		423,947		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		7,717,056		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,296,750		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		14,116,597		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		29,915,051		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150109

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

Worksheet A
Date/Time Prepared:
5/29/2014 10:31 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		15,052,494	15,052,494	3,832,919	18,885,413	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	2,682,772	2,682,772	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,307,874	35,693,489	37,001,363	0	37,001,363	4.00
5.01 00510 COMMUNICATIONS	0	655,878	655,878	0	655,878	5.01
5.02 00511 MGMT INFO SYSTEMS	0	13,110,952	13,110,952	0	13,110,952	5.02
5.03 00512 PURCHASING	624,289	511,676	1,135,965	0	1,135,965	5.03
5.04 00513 ADMINISTRATION	0	0	0	0	0	5.04
5.05 00514 PATIENT ACCOUNTING	0	0	0	0	0	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	4,591,106	19,877,280	24,468,386	-265,548	24,202,838	5.06
7.00 00700 OPERATION OF PLANT	1,755,526	6,404,083	8,159,609	-8,064	8,151,545	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	1,205,263	504,927	1,710,190	-990	1,709,200	9.00
10.00 01000 DIETARY	1,176,554	504,606	1,681,160	-767,864	913,296	10.00
11.00 01100 CAFETERIA	438,697	519,759	958,456	721,139	1,679,595	11.00
13.00 01300 NURSING ADMINISTRATION	2,777,216	75,272	2,852,488	0	2,852,488	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	461,849	1,014,605	1,476,454	-965,785	510,669	14.00
15.00 01500 PHARMACY	2,233,985	4,800,164	7,034,149	-4,024,605	3,009,544	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,236,089	646,345	1,882,434	0	1,882,434	16.00
17.00 01700 SOCIAL SERVICE	619,813	5,857	625,670	0	625,670	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	12,826,798	1,701,650	14,528,448	-5,129,653	9,398,795	30.00
31.00 03100 INTENSIVE CARE UNIT	268,914	1,723	270,637	-457	270,180	31.00
35.00 02040 NEONATAL INTENSIVE CARE UNIT	1,794,295	374,580	2,168,875	-84,557	2,084,318	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	889,586	148,862	1,038,448	-30,910	1,007,538	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	-379	-379	570,724	570,345	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,352,838	40,135,009	43,487,847	-19,346,997	24,140,850	50.00
51.00 05100 RECOVERY ROOM	659,851	29,968	689,819	-26,290	663,529	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,302,936	3,302,936	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,784,307	14,351,783	18,136,090	-2,657,680	15,478,410	54.00
56.00 05600 RADIOISOTOPE	1,136,425	3,583,169	4,719,594	-3,448,165	1,271,429	56.00
60.00 06000 LABORATORY	66,449	5,654,106	5,720,555	-118,388	5,602,167	60.00
65.00 06500 RESPIRATORY THERAPY	1,186,611	346,438	1,533,049	-238,882	1,294,167	65.00
66.00 06600 PHYSICAL THERAPY	745,850	14,429	760,279	-301	759,978	66.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	606,175	116,920	723,095	-22,741	700,354	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	461,344	166,073	627,417	-30,336	597,081	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,901,857	13,901,857	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,152,880	14,152,880	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	4,605,797	4,605,797	73.00
73.01 07301 DIABETES CENTER	267,052	21,712	288,764	-7,425	281,339	73.01
74.00 07400 RENAL DIALYSIS	0	0	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 (RHC)	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	260,182	574,052	834,234	-307,234	527,000	90.00
91.00 09100 EMERGENCY	5,127,006	1,180,757	6,307,763	-851,630	5,456,133	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1,047,952	282,477	1,330,429	-247,379	1,083,050	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	2,443,309	849,822	3,293,131	0	3,293,131	101.00
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		7,135,594	7,135,594	-5,189,143	1,946,451	113.00
118.00	55,353,205	176,046,132	231,399,337	0	231,399,337	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,191	28,191	0	28,191	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 MOB	96,485	1,809	98,294	0	98,294	194.00
194.01 07951 LIFELINE	5,679	38,889	44,568	0	44,568	194.01
200.00	55,455,369	176,115,021	231,570,390	0	231,570,390	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150109

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

Worksheet A
Date/Time Prepared:
5/29/2014 10:31 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	-7,263,158	11,622,255	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	7,302,417	9,985,189	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-13,602,278	23,399,085	4.00
5.01	00510	COMMUNICATIONS	431,056	1,086,934	5.01
5.02	00511	MGMT INFO SYSTEMS	-12,119,658	991,294	5.02
5.03	00512	PURCHASING	-377,403	758,562	5.03
5.04	00513	ADMINISTRATIVE	437,744	437,744	5.04
5.05	00514	PATIENT ACCOUNTING	2,526,165	2,526,165	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,884,551	30,087,389	5.06
7.00	00700	OPERATION OF PLANT	346,448	8,497,993	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	589,917	589,917	8.00
9.00	00900	HOUSEKEEPING	0	1,709,200	9.00
10.00	01000	DIETARY	-80,251	833,045	10.00
11.00	01100	CAFETERIA	-853,893	825,702	11.00
13.00	01300	NURSING ADMINISTRATION	-532,594	2,319,894	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-179,006	331,663	14.00
15.00	01500	PHARMACY	-56,236	2,953,308	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-255,853	1,626,581	16.00
17.00	01700	SOCIAL SERVICE	-116,820	508,850	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	3,353,491	12,752,286	30.00
31.00	03100	INTENSIVE CARE UNIT	0	270,180	31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	-210,702	1,873,616	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,007,538	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	570,345	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-206,685	23,934,165	50.00
51.00	05100	RECOVERY ROOM	0	663,529	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,302,936	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-98,211	15,380,199	54.00
56.00	05600	RADIOISOTOPE	-97,527	1,173,902	56.00
60.00	06000	LABORATORY	-172,507	5,429,660	60.00
65.00	06500	RESPIRATORY THERAPY	-24,919	1,269,248	65.00
66.00	06600	PHYSICAL THERAPY	2,743,283	3,503,261	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	63,884	764,238	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-886,678	-289,597	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-868,777	13,033,080	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	-106,410	14,046,470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,605,797	73.00
73.01	07301	DIABETES CENTER	-2,334	279,005	73.01
74.00	07400	RENAL DIALYSIS	376,655	376,655	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	527,000	90.00
91.00	09100	EMERGENCY	-192,582	5,263,551	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,083,050	92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	-12,726	3,280,405	101.00
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	-1,946,451	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-16,208,048	215,191,289	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,191	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	MOB	0	98,294	194.00
194.01	07951	LIFELINE	0	44,568	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-16,208,048	215,362,342	200.00

RECLASSIFICATIONS

Provider CCN: 150109

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 10:31 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 & FIXT	1.00	0	1,124,488	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
TOTALS			0	1,124,488	
B - EQUIPMENT RENTAL					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	171,043	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
TOTALS			0	171,043	
C - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,901,857	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,152,880	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	28,054,737	
D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,605,797	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	4,605,797	
E - LDRP					
1.00	NURSERY	43.00	561,925	8,799	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,252,013	50,923	2.00
TOTALS			3,813,938	59,722	
F - CAFETERIA					
1.00	CAFETERIA	11.00	617,684	150,180	1.00
TOTALS			617,684	150,180	
G - CAPITAL EXP (INT & DEP)					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	31,017	1.00
TOTALS			0	31,017	

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
H - FSEH SHARED SERVICES						
1.00	COMMUNICATIONS	5.01	376,910	0	1.00	
2.00	ADMINISTRATIVE	5.04	434,838	0	2.00	
3.00	PATIENT ACCOUNTING	5.05	863,303	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,504,215	0	4.00	
5.00	OPERATION OF PLANT	7.00	1,156,443	0	5.00	
6.00	LAUNDRY & LINEN SERVICE	8.00	114,589	0	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	49,164	0	7.00	
8.00	ELECTROCARDIOLOGY	69.00	350,787	0	8.00	
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	479,613	9.00	
10.00	PURCHASING	5.03	0	74,641	10.00	
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	547,041	11.00	
12.00	OPERATION OF PLANT	7.00	0	365,772	12.00	
13.00	NURSING ADMINISTRATION	13.00	0	518,539	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	230,793	14.00	
15.00	SOCIAL SERVICE	17.00	0	115,727	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	4,961	16.00	
17.00	PHYSICAL THERAPY	66.00	0	116,359	17.00	
18.00	EMERGENCY	91.00	0	30,393	18.00	
TOTALS			5,850,249	2,483,839		
I - INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,708,431	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,480,712	2.00	
TOTALS			0	5,189,143		
J - PURCHASED SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	3,084,436	0	1.00	
2.00	LABORATORY	60.00	0	24,914	2.00	
3.00	PHYSICAL THERAPY	66.00	2,681,738	0	3.00	
4.00	ELECTROCARDIOLOGY	69.00	0	460,921	4.00	
5.00	ELECTROENCEPHALOGRAPHY	70.00	0	762,471	5.00	
TOTALS			5,766,174	1,248,306		
500.00	Grand Total : Increases		16,048,045	43,118,272	500.00	

RECLASSIFICATIONS

Provider CCN: 150109

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 10:31 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	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	264,888	10		1.00
2.00	CAFETERIA	11.00	0	46,725	10		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	249,892	10		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	353,774	10		4.00
5.00	DIABETES CENTER	73.01	0	4,164	10		5.00
6.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	205,045	10		6.00
TOTALS			0	1,124,488			
B - EQUIPMENT RENTAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	660	10		1.00
2.00	OPERATION OF PLANT	7.00	0	8,064	10		2.00
3.00	HOUSEKEEPING	9.00	0	990	10		3.00
4.00	PHARMACY	15.00	0	19,263	10		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	27,475	10		5.00
6.00	OPERATING ROOM	50.00	0	41,371	10		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,660	10		7.00
8.00	RADIOISOTOPE	56.00	0	29,053	10		8.00
9.00	RESPIRATORY THERAPY	65.00	0	38,489	10		9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,018	10		10.00
TOTALS			0	171,043			
C - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	965,309	0		1.00
2.00	PHARMACY	15.00	0	87,213	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	923,690	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	457	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	80,477	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	28,895	0		6.00
7.00	OPERATING ROOM	50.00	0	19,098,446	0		7.00
8.00	RECOVERY ROOM	51.00	0	26,137	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,157,768	0		9.00
10.00	RADIOISOTOPE	56.00	0	3,415,269	0		10.00
11.00	LABORATORY	60.00	0	118,388	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	199,746	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	301	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	22,027	0		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	28,032	0		15.00
16.00	DIABETES CENTER	73.01	0	3,261	0		16.00
17.00	CLINIC	90.00	0	54,944	0		17.00
18.00	EMERGENCY	91.00	0	805,735	0		18.00
19.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	38,642	0		19.00
TOTALS			0	28,054,737			
D - DRUGS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	476	0		1.00
2.00	PHARMACY	15.00	0	3,918,129	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	54,936	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	4,080	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	2,015	0		5.00
6.00	OPERATING ROOM	50.00	0	207,180	0		6.00
7.00	RECOVERY ROOM	51.00	0	153	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	111,461	0		8.00
9.00	RADIOISOTOPE	56.00	0	3,843	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	647	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	0	714	0		11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	286	0		12.00
13.00	CLINIC	90.00	0	252,290	0		13.00
14.00	EMERGENCY	91.00	0	45,895	0		14.00
15.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	3,692	0		15.00
TOTALS			0	4,605,797			
E - LDRP							
1.00	ADULTS & PEDIATRICS	30.00	3,813,938	59,722	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			3,813,938	59,722			
F - CAFETERIA							
1.00	DIETARY	10.00	617,684	150,180	0		1.00
TOTALS			617,684	150,180			
G - CAPITAL EXP (INT & DEP)							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	31,017	9		1.00
TOTALS			0	31,017			

RECLASSIFICATIONS

Provider CCN: 150109

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

Worksheet A-6

Date/Time Prepared:
5/29/2014 10:31 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
H - FSEH SHARED SERVICES						
1.00	COMMUNICATIONS	5.01	0	376,910	0	1.00
2.00	ADMINISTRATIVE	5.04	0	434,838	0	2.00
3.00	PATIENT ACCOUNTING	5.05	0	863,303	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,504,215	0	4.00
5.00	OPERATION OF PLANT	7.00	0	1,156,443	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	114,589	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	49,164	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	350,787	0	8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	479,613	0	0	9.00
10.00	PURCHASING	5.03	74,641	0	0	10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	547,041	0	0	11.00
12.00	OPERATION OF PLANT	7.00	365,772	0	0	12.00
13.00	NURSING ADMINISTRATION	13.00	518,539	0	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	230,793	0	0	14.00
15.00	SOCIAL SERVICE	17.00	115,727	0	0	15.00
16.00	RESPIRATORY THERAPY	65.00	4,961	0	0	16.00
17.00	PHYSICAL THERAPY	66.00	116,359	0	0	17.00
18.00	EMERGENCY	91.00	30,393	0	0	18.00
TOTALS			2,483,839	5,850,249		
I - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	5,189,143	11	1.00
2.00		0.00	0	0	11	2.00
TOTALS			0	5,189,143		
J - PURCHASED SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	0	3,084,436	0	1.00
2.00	LABORATORY	60.00	24,914	0	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	2,681,738	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	460,921	0	0	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	762,471	0	0	5.00
TOTALS			1,248,306	5,766,174		
500.00	Grand Total: Decreases		8,163,767	51,002,550		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150109

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2014 10:31 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: 150109

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2014 10:31 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	15,052,494	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)	15,052,494	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	15,052,494				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	15,052,494				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150109

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2014 10:31 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	7,804,084	1,124,488	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	7,346,942	171,043	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,151,026	1,295,531	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	2,693,683	0	0	0	11,622,255	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,467,204	0	0	0	9,985,189	2.00
3.00	Total (sum of lines 1-2)	5,160,887	0	0	0	21,607,444	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150109

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

Worksheet A-8

Date/Time Prepared:
5/29/2014 10:31 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		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-14,748	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-13,508	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	-847,883			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	-12,573,860			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-846,106	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	-7,787	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

Provider CCN: 150109

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

Worksheet A-8

Date/Time Prepared:
 5/29/2014 10:31 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	-83	DIETARY	10.00	0	33.00
33.01	MARKETING EXP	A	-2,750	RADIOLOGY-DIAGNOSTIC	54.00	0	33.01
33.02	MARKETING EXP	A	-194	HOME HEALTH AGENCY	101.00	0	33.02
33.03	ADVERTISING EXP	A	-6,176	HOME HEALTH AGENCY	101.00	0	33.03
33.04	PROPERTY RECEIPTS	B	-5,645	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.04
33.05	BLDG RENT REV	B	-183,412	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.05
33.06	MAINTENANCE/SECURITY REV	B	-93,707	OPERATION OF PLANT	7.00	0	33.06
33.07	MAINTENANCE/SECURITY REV	B	-29,585	OPERATION OF PLANT	7.00	0	33.07
33.08	EXP ALLOC -- SCMC PHYSICIANS	B	-699,792	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.08
33.09	EDUCATION REV	B	-73,881	EMERGENCY	91.00	0	33.09
33.10	TEXT BOOK REVENUE	B	-7,282	EMERGENCY	91.00	0	33.10
33.11	MISC REV	B	-5,625	EMERGENCY	91.00	0	33.11
33.12	MISC REV/DISCOUNTS/REBATES	B	-80,168	DIETARY	10.00	0	33.12
33.13	DISCOUNTS/REBATES	B	-179,006	CENTRAL SERVICES & SUPPLY	14.00	0	33.13
33.14	MISC REV/DISCOUNTS/REBATES	B	-72,252	PHARMACY	15.00	0	33.14
33.15	MISC REV	B	-5,516	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.15
33.16	DONATIONS/CONTRIBUTIONS	B	-10	NEONATAL INTENSIVE CARE UNIT	35.00	0	33.16
33.17	DISCOUNTS/REBATES	B	-195,592	OPERATING ROOM	50.00	0	33.17
33.18	DISCOUNTS/REBATES	B	-52,678	RADIOLOGY-DIAGNOSTIC	54.00	0	33.18
33.19	MISC REV/DISCOUNTS/REBATES	B	-97,527	RADIOISOTOPE	56.00	0	33.19
33.20	DISCOUNTS/REBATES	B	-12,362	LABORATORY	60.00	0	33.20
33.21	DISCOUNTS/REBATES	B	-5,307	RESPIRATORY THERAPY	65.00	0	33.21
33.22	ST VINCENT PRUDENTIAL	B	-89,250	ELECTROCARDIOLOGY	69.00	0	33.22
33.23	DISCOUNTS/REBATES	B	-6,356	HOME HEALTH AGENCY	101.00	0	33.23
33.24			0		0.00	0	33.24
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,208,048				50.00

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

Provider CCN: 150109

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2014 10:31 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	FRANCI SCAN DEPRECIATION	1,767,913	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	FRANCI SCAN DEPRECIATION	1,619,271	0
3.00	113.00	INTEREST EXPENSE	FRANCI SCAN INTEREST	5,189,143	0
4.00	5.06	OTHER ADMINI STRATIVE AND GEN	FRANCI SCAN A&G	18,523,256	0
4.01	15.00	PHARMACY	FRANCI SCAN COEP	536,386	0
4.02	5.02	MGMT INFO SYSTEMS	INFORMATION TECHNOLOGY	0	11,960,664
4.03	5.03	PURCHASING	PURCHASING SERVICES	0	247,201
4.04	5.06	OTHER ADMINI STRATIVE AND GEN	ADMINI STRATION	0	5,245,346
4.05	15.00	PHARMACY	PHARMACY	0	459,503
4.06	50.00	OPERATING ROOM	SURGERY	0	11,093
4.07	113.00	INTEREST EXPENSE	INTEREST	0	7,135,594
4.08	1.00	NEW CAP REL COSTS-BLDG & FIX	FSEH-E SHARED SERVICES	0	15,052,494
4.09	1.00	NEW CAP REL COSTS-BLDG & FIX	FSEH-E SHARED SERVICES	6,219,583	0
4.10	2.00	NEW CAP REL COSTS-MVBLE EQUI	FSEH-E SHARED SERVICES	5,696,654	0
4.11	4.00	EMPLOYEE BENEFITS DEPARTMENT	FSEH-E SHARED SERVICES	23,399,085	37,001,363
4.12	5.01	COMMUNICATI ONS	FSEH-E SHARED SERVICES	577,242	655,878
4.13	5.02	MGMT INFO SYSTEMS	FSEH-E SHARED SERVICES	991,294	1,150,288
4.14	5.03	PURCHASING	FSEH-E SHARED SERVICES	758,562	888,764
4.15	5.06	OTHER ADMINI STRATIVE AND GEN	FSEH-E SHARED SERVICES	7,032,075	17,434,122
4.16	7.00	OPERATION OF PLANT	FSEH-E SHARED SERVICES	6,456,558	8,159,609
4.17	13.00	NURSING ADMINI STRATION	FSEH-E SHARED SERVICES	2,319,894	2,852,488
4.18	16.00	MEDICAL RECORDS & LIBRARY	FSEH-E SHARED SERVICES	1,487,264	1,882,434
4.19	17.00	SOCIAL SERVICE	FSEH-E SHARED SERVICES	508,850	625,670
4.20	65.00	RESPIRATORY THERAPY	FSEH-E SHARED SERVICES	21,827	26,838
4.21	66.00	PHYSICAL THERAPY	FSEH-E SHARED SERVICES	513,518	631,410
4.22	91.00	EMERGENCY	FSEH-E SHARED SERVICES	132,396	162,791
4.23	5.01	COMMUNICATI ONS	FSEH-C SHARED SERVICES	509,692	0
4.24	5.04	ADMINI TTING	FSEH-C SHARED SERVICES	437,744	0
4.25	5.05	PATIENT ACCOUNTING	FSEH-C SHARED SERVICES	2,526,165	0
4.26	5.06	OTHER ADMINI STRATIVE AND GEN	FSEH-C SHARED SERVICES	4,159,361	0
4.27	7.00	OPERATION OF PLANT	FSEH-C SHARED SERVICES	2,172,791	0
4.28	8.00	LAUNDRY & LINEN SERVICE	FSEH-C SHARED SERVICES	589,917	0
4.29	16.00	MEDICAL RECORDS & LIBRARY	FSEH-C SHARED SERVICES	139,317	0
4.30	69.00	ELECTROCARDIOLOGY	FSEH-C SHARED SERVICES	698,443	0
4.31	30.00	ADULTS & PEDI ATRICS	FSEH PURCHASED SERVICES	3,408,391	0
4.32	60.00	LABORATORY	FSEH PURCHASED SERVICES	0	117,794
4.33	66.00	PHYSICAL THERAPY	FSEH PURCHASED SERVICES	2,861,175	0
4.34	69.00	ELECTROCARDIOLOGY	FSEH PURCHASED SERVICES	0	545,309
4.35	70.00	ELECTROENCEPHALOGRAPHY	FSEH PURCHASED SERVICES	0	881,863
4.36	71.00	MEDICAL SUPPLIES CHARGED TO	FSEH PURCHASED SERVICES	0	868,777
4.37	72.00	IMPL. DEV. CHARGED TO PATIEN	FSEH PURCHASED SERVICES	0	106,410
4.38	74.00	RENAL DIALYSIS	FSEH PURCHASED SERVICES	376,655	0
4.39	91.00	EMERGENCY	FSEH-PARAMED PROGRAM	0	41,651
4.40	15.00	PHARMACY	FSEH-PHARMACY PROGRAM	0	58,928
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			101,630,422	114,204,282

* 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 Ownershi p	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownershi p
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATI ONS) 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 - CENTRAL	100.00	6.00
7.00	B	FRANCI SCAN ALLI	100.00	FRANCI SCAN ALLI	100.00	7.00
8.00			0.00		0.00	8.00

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

Provider CCN: 150109

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2014 10:31 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	
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

(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: 150109

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2014 10:31 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	1,767,913	9	1.00
2.00	1,619,271	9	2.00
3.00	5,189,143	11	3.00
4.00	18,523,256	0	4.00
4.01	536,386	0	4.01
4.02	-11,960,664	0	4.02
4.03	-247,201	0	4.03
4.04	-5,245,346	0	4.04
4.05	-459,503	0	4.05
4.06	-11,093	0	4.06
4.07	-7,135,594	0	4.07
4.08	-15,052,494	9	4.08
4.09	6,219,583	9	4.09
4.10	5,696,654	9	4.10
4.11	-13,602,278	0	4.11
4.12	-78,636	0	4.12
4.13	-158,994	0	4.13
4.14	-130,202	0	4.14
4.15	-10,402,047	0	4.15
4.16	-1,703,051	0	4.16
4.17	-532,594	0	4.17
4.18	-395,170	0	4.18
4.19	-116,820	0	4.19
4.20	-5,011	0	4.20
4.21	-117,892	0	4.21
4.22	-30,395	0	4.22
4.23	509,692	0	4.23
4.24	437,744	0	4.24
4.25	2,526,165	0	4.25
4.26	4,159,361	0	4.26
4.27	2,172,791	0	4.27
4.28	589,917	0	4.28
4.29	139,317	0	4.29
4.30	698,443	0	4.30
4.31	3,408,391	0	4.31
4.32	-117,794	0	4.32
4.33	2,861,175	0	4.33
4.34	-545,309	0	4.34
4.35	-881,863	0	4.35
4.36	-868,777	0	4.36
4.37	-106,410	0	4.37
4.38	376,655	0	4.38
4.39	-41,651	0	4.39
4.40	-58,928	0	4.40
5.00	-12,573,860		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: 150109

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

Worksheet A-8-1

Date/Time Prepared:
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	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: 150109

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2014 10:31 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	36,000	0	36,000	171,400	238	1.00
2.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	1,850	0	0	171,400	0	2.00
3.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	525	0	525	171,400	4	3.00
4.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	1,581,262	266,400	1,314,862	171,400	26,677	4.00
5.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	154,887	0	0	171,400	0	5.00
6.00	15.00	PHARMACY	5,400	0	5,400	171,400	42	6.00
7.00	30.00	ADULTS & PEDIATRICS	42,900	0	0	154,100	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	12,000	0	0	154,100	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	14,400	0	14,400	154,100	298	9.00
10.00	35.00	NEONATAL INTENSIVE CARE UNIT	264,000	156,000	108,000	152,100	729	10.00
11.00	41.00	SUBPROVIDER - IRF	90,470	0	90,470	171,400	1,168	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	75,004	0	75,004	231,100	290	12.00
13.00	60.00	LABORATORY	112,000	0	112,000	219,500	660	13.00
14.00	65.00	RESPIRATORY THERAPY	32,400	0	32,400	171,400	216	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	18,000	0	18,000	171,400	160	15.00
16.00	73.01	DIABETES CENTER	9,750	0	9,750	171,400	90	16.00
17.00	91.00	EMERGENCY	55,008	0	55,008	171,400	258	17.00
200.00			2,505,856	422,400	1,871,819		30,830	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	19,612	981	0	0	0	1.00
2.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	330	17	0	0	0	3.00
4.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	2,198,287	109,914	0	0	0	4.00
5.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	0	5.00
6.00	15.00	PHARMACY	3,461	173	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	22,078	1,104	0	0	0	9.00
10.00	35.00	NEONATAL INTENSIVE CARE UNIT	53,308	2,665	0	0	0	10.00
11.00	41.00	SUBPROVIDER - IRF	96,248	4,812	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	32,221	1,611	0	0	0	12.00
13.00	60.00	LABORATORY	69,649	3,482	0	0	0	13.00
14.00	65.00	RESPIRATORY THERAPY	17,799	890	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	13,185	659	0	0	0	15.00
16.00	73.01	DIABETES CENTER	7,416	371	0	0	0	16.00
17.00	91.00	EMERGENCY	21,260	1,063	0	0	0	17.00
200.00			2,554,854	127,742	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	19,612	16,388	16,388	1.00
2.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	1,850	2.00
3.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	330	195	195	3.00
4.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	2,198,287	0	266,400	4.00
5.00	5.06	OTHER ADMINSTRATIVE AND GENERAL	0	0	0	154,887	5.00
6.00	15.00	PHARMACY	0	3,461	1,939	1,939	6.00
7.00	30.00	ADULTS & PEDIATRICS	0	0	0	42,900	7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	12,000	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	22,078	0	0	9.00
10.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	53,308	54,692	210,692	10.00
11.00	41.00	SUBPROVIDER - IRF	0	96,248	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	32,221	42,783	42,783	12.00
13.00	60.00	LABORATORY	0	69,649	42,351	42,351	13.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150109

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

Worksheet A-8-2

Date/Time Prepared:
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	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		
14.00	65.00	RESPIRATORY THERAPY	0	17,799	14,601	14,601		14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	13,185	4,815	4,815		15.00
16.00	73.01	DIABETES CENTER	0	7,416	2,334	2,334		16.00
17.00	91.00	EMERGENCY	0	21,260	33,748	33,748		17.00
200.00			0	2,554,854	213,846	847,883		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 10:31 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	11,622,255	11,622,255			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	9,985,189		9,985,189		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	23,399,085	124,853	107,211	23,631,149	4.00
5.01 00510	COMMUNICATIONS	1,086,934	17,396	14,938	153,583	1,272,851
5.02 00511	MGMT INFO SYSTEMS	991,294	66,553	57,149	0	41,526
5.03 00512	PURCHASING	758,562	140,053	120,264	223,970	25,276
5.04 00513	ADMINISTRATIVE	437,744	0	0	177,187	0
5.05 00514	PATIENT ACCOUNTING	2,526,165	133,273	114,442	351,778	25,276
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	30,087,389	631,407	542,189	2,668,287	131,799
7.00 00700	OPERATION OF PLANT	8,497,993	1,551,340	1,332,136	1,037,522	99,300
8.00 00800	LAUNDRY & LINEN SERVICE	589,917	0	0	46,693	1,805
9.00 00900	HOUSEKEEPING	1,709,200	170,204	146,154	491,119	16,249
10.00 01000	DIETARY	833,045	351,273	301,638	227,728	54,164
11.00 01100	CAFETERIA	825,702	263,684	226,425	430,453	0
13.00 01300	NURSING ADMINISTRATION	2,319,894	105,234	90,365	920,363	16,249
14.00 01400	CENTRAL SERVICES & SUPPLY	331,663	164,313	141,095	188,194	7,222
15.00 01500	PHARMACY	2,953,308	137,469	123,175	910,302	41,526
16.00 01600	MEDICAL RECORDS & LIBRARY	1,626,581	59,495	51,088	429,670	30,693
17.00 01700	SOCIAL SERVICE	508,850	22,620	19,424	205,404	16,249
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	12,752,286	2,344,556	2,031,648	3,672,558	207,628
31.00 03100	INTENSIVE CARE UNIT	270,180	403,070	346,116	109,577	39,720
35.00 02040	NEONATAL INTENSIVE CARE UNIT	1,873,616	232,199	199,390	731,138	30,693
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	1,007,538	0	0	362,488	43,331
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	570,345	103,873	70,225	228,973	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,934,165	930,604	799,110	1,366,211	43,331
51.00 05100	RECOVERY ROOM	663,529	88,117	75,666	268,875	14,444
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,302,936	601,201	516,872	1,325,127	46,942
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,380,199	757,983	650,880	1,542,026	108,328
56.00 05600	RADIOISOTOPE	1,173,902	297,113	255,131	463,069	0
60.00 06000	LABORATORY	5,429,660	214,415	184,118	27,077	79,440
65.00 06500	RESPIRATORY THERAPY	1,269,248	179,513	154,148	481,498	61,386
66.00 06600	PHYSICAL THERAPY	3,503,261	74,834	64,260	256,504	10,833
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	764,238	237,035	203,542	389,942	10,833
70.00 07000	ELECTROENCEPHALOGRAPHY	-289,597	8,976	7,707	187,988	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,033,080	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	14,046,470	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	4,605,797	0	0	0	0
73.01 07301	DIABETES CENTER	279,005	0	0	108,818	10,833
74.00 07400	RENAL DIALYSIS	376,655	12,838	11,024	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	527,000	0	0	106,019	57,775
91.00 09100	EMERGENCY	5,263,551	1,165,999	1,001,244	2,076,763	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	1,083,050	0	0	427,018	0
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	3,280,405	0	0	995,597	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
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	215,191,289	11,591,493	9,958,774	23,589,519	1,272,851
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,191	30,762	26,415	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00 07950	MOB	98,294	0	0	39,316	0
194.01 07951	LIFELINE	44,568	0	0	2,314	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 10:31 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
202.00 TOTAL (sum lines 118-201)	215,362,342	11,622,255	9,985,189	23,631,149	1,272,851	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/29/2014 10:31 am		
Cost Center Description		MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal
		5.02	5.03	5.04	5.05	5A.05
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	COMMUNICATIONS				5.01
5.02	00511	MGMT INFO SYSTEMS	1,156,522			5.02
5.03	00512	PURCHASING	16,471	1,284,596		5.03
5.04	00513	ADMINISTRATIVE	13,803	12	628,746	5.04
5.05	00514	PATIENT ACCOUNTING	29,118	74	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	114,291	691	0	5.06
7.00	00700	OPERATION OF PLANT	62,240	559	0	12,581,090
8.00	00800	LAUNDRY & LINEN SERVICE	4,884	263	0	643,562
9.00	00900	HOUSEKEEPING	51,299	1,490	0	2,585,715
10.00	01000	DIETARY	42,847	374	0	1,811,069
11.00	01100	CAFETERIA	19,088	413	0	1,765,765
13.00	01300	NURSING ADMINISTRATION	34,594	47	0	3,486,746
14.00	01400	CENTRAL SERVICES & SUPPLY	14,934	42,099	0	889,520
15.00	01500	PHARMACY	33,880	3,804	0	4,203,464
16.00	01600	MEDICAL RECORDS & LIBRARY	26,909	6	0	2,224,442
17.00	01700	SOCIAL SERVICE	10,784	1	0	783,332
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	172,463	24,695	36,921	186,637
31.00	03100	INTENSIVE CARE UNIT	10,439	20	6,468	32,698
35.00	02040	NEONATAL INTENSIVE CARE UNIT	29,693	3,510	12,617	63,778
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	16,123	1,260	2,829	14,299
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	9,790	2,297	2,495	12,615
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	61,019	834,763	120,776	612,289
51.00	05100	RECOVERY ROOM	9,734	1,140	8,073	40,810
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,657	13,292	14,833	74,980
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,557	105,695	106,022	535,953
56.00	05600	RADIOISOTOPE	18,417	148,947	25,670	129,764
60.00	06000	LABORATORY	1,165	43,293	50,760	256,600
65.00	06500	RESPIRATORY THERAPY	23,621	11,228	5,944	30,047
66.00	06600	PHYSICAL THERAPY	11,470	13	6,354	32,121
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	18,918	968	14,274	72,158
70.00	07000	ELECTROENCEPHALOGRAPHY	9,097	1,223	814	4,113
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	84,725	428,295
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	37,717	190,661
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	42,615	215,424
73.01	07301	DIABETES CENTER	5,284	142	252	1,271
74.00	07400	RENAL DIALYSIS	0	0	520	2,629
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	8,738	2,396	565	2,857
91.00	09100	EMERGENCY	98,943	35,146	37,568	189,908
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	19,765	1,685	4,506	22,779
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	43,010	3,050	5,428	27,440
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,152,045	1,284,596	628,746	3,180,126
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	85,368
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
194.00	07950	MOB	4,223	0	0	141,833
194.01	07951	LIFELINE	254	0	0	47,136
200.00		Cross Foot Adjustments				0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,156,522	1,284,596	628,746	3,180,126

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/29/2014 10:31 am		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	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	OTHER ADMINISTRATIVE AND GENERAL	34,176,053				5.06
7.00	00700	OPERATION OF PLANT	2,372,177	14,953,267			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	121,344	0	764,906		8.00
9.00	00900	HOUSEKEEPING	487,539	284,134	17,690	3,375,078	9.00
10.00	01000	DIETARY	341,479	586,407	21,483	134,921	2,895,359
11.00	01100	CAFETERIA	332,937	440,188	0	101,279	0
13.00	01300	NURSING ADMINISTRATION	657,429	175,676	0	40,420	0
14.00	01400	CENTRAL SERVICES & SUPPLY	167,720	274,300	19,386	63,111	0
15.00	01500	PHARMACY	792,567	229,488	0	52,801	0
16.00	01600	MEDICAL RECORDS & LIBRARY	419,421	99,319	0	22,851	0
17.00	01700	SOCIAL SERVICE	147,698	37,761	0	8,688	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,040,533	3,913,960	270,024	900,523	2,589,124
31.00	03100	INTENSIVE CARE UNIT	229,709	672,877	41,135	154,816	306,235
35.00	02040	NEONATAL INTENSIVE CARE UNIT	598,958	387,629	17,146	89,186	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	272,997	0	14,521	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	188,667	173,403	28,178	39,897	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,411,900	1,553,531	134,150	357,437	0
51.00	05100	RECOVERY ROOM	220,678	147,100	24,668	33,845	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,122,414	1,003,633	30,127	230,916	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,627,654	1,265,361	47,072	291,135	0
56.00	05600	RADIOISOTOPE	473,643	495,994	3,111	114,119	0
60.00	06000	LABORATORY	1,185,331	357,940	4,877	82,355	0
65.00	06500	RESPIRATORY THERAPY	417,948	299,675	5,711	68,949	0
66.00	06600	PHYSICAL THERAPY	746,596	124,926	10,628	28,743	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	322,782	395,701	4,331	91,043	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,984	0	3,447	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,554,131	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,691,537	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	917,081	0	0	0	0
73.01	07301	DIABETES CENTER	76,477	0	0	0	0
74.00	07400	RENAL DIALYSIS	76,112	21,432	0	4,931	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	132,994	0	0	0	0
91.00	09100	EMERGENCY	1,860,833	1,946,495	70,668	447,850	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	293,914	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	821,126	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					
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,124,326	14,901,914	764,906	3,363,263	2,895,359
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,096	51,353	0	11,815	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	MOB	26,743	0	0	0	0
194.01	07951	LIFELINE	8,888	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	34,176,053	14,953,267	764,906	3,375,078	2,895,359

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	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	2,640,169					11.00
13.00	01300	113,813	4,474,084				13.00
14.00	01400	49,134	111,275	1,574,446			14.00
15.00	01500	111,464	0	0	5,389,784		15.00
16.00	01600	88,532	0	0	0	2,854,565	16.00
17.00	01700	35,479	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	567,410	1,285,008	0	0	167,520	30.00
31.00	03100	34,343	77,777	0	0	29,348	31.00
35.00	02040	97,689	221,238	0	0	57,245	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	53,044	120,129	0	0	12,835	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	32,209	72,944	0	0	11,323	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	200,753	424,340	0	0	549,752	50.00
51.00	05100	32,024	72,525	0	0	36,630	51.00
52.00	05200	186,403	422,147	0	0	67,300	52.00
54.00	05400	172,914	0	0	0	481,055	54.00
56.00	05600	60,592	137,222	0	0	116,472	56.00
60.00	06000	3,833	0	0	0	230,316	60.00
65.00	06500	77,714	176,000	0	0	26,969	65.00
66.00	06600	37,736	80,788	0	0	28,831	66.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	62,239	106,675	0	0	64,767	69.00
70.00	07000	29,929	67,780	0	0	3,692	70.00
71.00	07100	0	0	771,479	0	384,425	71.00
72.00	07200	0	0	802,967	0	171,132	72.00
73.00	07300	0	0	0	5,389,784	193,358	73.00
73.01	07301	17,384	39,370	0	0	1,141	73.01
74.00	07400	0	0	0	0	2,359	74.00
76.98	07698	0	0	0	0	0	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
90.00	09000	28,749	0	0	0	2,564	90.00
91.00	09100	325,522	738,407	0	0	170,456	91.00
92.00	09200						92.00
92.01	09201	65,026	0	0	0	20,446	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	141,503	320,459	0	0	24,629	101.00
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						113.00
118.00		2,625,438	4,474,084	1,574,446	5,389,784	2,854,565	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	13,894	0	0	0	0	194.00
194.01	07951	837	0	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,640,169	4,474,084	1,574,446	5,389,784	2,854,565	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	COMMUNICATIONS				5.01
5.02	00511	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	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	1,012,958			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	729,566	35,893,060	0	35,893,060
31.00	03100	INTENSIVE CARE UNIT	78,646	2,843,174	0	2,843,174
35.00	02040	NEONATAL INTENSIVE CARE UNIT	101,232	4,746,957	0	4,746,957
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	69,433	1,990,827	0	1,990,827
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	34,081	1,581,315	0	1,581,315
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	37,334,131	0	37,334,131
51.00	05100	RECOVERY ROOM	0	1,737,858	0	1,737,858
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,015,780	0	9,015,780
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,124,834	0	25,124,834
56.00	05600	RADIOISOTOPE	0	3,913,166	0	3,913,166
60.00	06000	LABORATORY	0	8,151,180	0	8,151,180
65.00	06500	RESPIRATORY THERAPY	0	3,289,599	0	3,289,599
66.00	06600	PHYSICAL THERAPY	0	5,017,898	0	5,017,898
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	2,759,446	0	2,759,446
70.00	07000	ELECTROENCEPHALOGRAPHY	0	50,153	0	50,153
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,256,135	0	17,256,135
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,940,484	0	17,940,484
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,364,059	0	11,364,059
73.01	07301	DIABETES CENTER	0	539,977	0	539,977
74.00	07400	RENAL DIALYSIS	0	508,500	0	508,500
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	869,657	0	869,657
91.00	09100	EMERGENCY	0	15,429,353	0	15,429,353
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,938,189	0	1,938,189
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	5,662,647	0	5,662,647
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,012,958	214,958,379	0	214,958,379
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	164,632	0	164,632
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
194.00	07950	MOB	0	182,470	0	182,470
194.01	07951	LIFELINE	0	56,861	0	56,861
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,012,958	215,362,342	0	215,362,342

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150109

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		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	124,853	107,211	232,064	232,064 4.00
5.01 00510	COMMUNICATIONS	0	17,396	14,938	32,334	1,508 5.01
5.02 00511	MGMT INFO SYSTEMS	0	66,553	57,149	123,702	0 5.02
5.03 00512	PURCHASING	0	140,053	120,264	260,317	2,200 5.03
5.04 00513	ADMITTING	0	0	0	0	1,740 5.04
5.05 00514	PATIENT ACCOUNTING	0	133,273	114,442	247,715	3,455 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	265,548	631,407	542,189	1,439,144	26,206 5.06
7.00 00700	OPERATION OF PLANT	0	1,551,340	1,332,136	2,883,476	10,190 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	459 8.00
9.00 00900	HOUSEKEEPING	1,263	170,204	146,154	317,621	4,823 9.00
10.00 01000	DIETARY	0	351,273	301,638	652,911	2,237 10.00
11.00 01100	CAFETERIA	46,725	263,684	226,425	536,834	4,228 11.00
13.00 01300	NURSING ADMINISTRATION	0	105,234	90,365	195,599	9,039 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	43,604	164,313	141,095	349,012	1,848 14.00
15.00 01500	PHARMACY	19,263	137,469	123,175	279,907	8,940 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	59,495	51,088	110,583	4,220 16.00
17.00 01700	SOCIAL SERVICE	0	22,620	19,424	42,044	2,017 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	277,367	2,344,556	2,031,648	4,653,571	36,043 30.00
31.00 03100	INTENSIVE CARE UNIT	0	403,070	346,116	749,186	1,076 31.00
35.00 02040	NEONATAL INTENSIVE CARE UNIT	0	232,199	199,390	431,589	7,181 35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	3,560 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	103,873	70,225	174,098	2,249 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	41,371	930,604	799,110	1,771,085	13,418 50.00
51.00 05100	RECOVERY ROOM	0	88,117	75,666	163,783	2,641 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	601,201	516,872	1,118,073	13,015 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	357,434	757,983	650,880	1,766,297	15,145 54.00
56.00 05600	RADIOISOTOPE	29,053	297,113	255,131	581,297	4,548 56.00
60.00 06000	LABORATORY	0	214,415	184,118	398,533	266 60.00
65.00 06500	RESPIRATORY THERAPY	38,489	179,513	154,148	372,150	4,729 65.00
66.00 06600	PHYSICAL THERAPY	0	74,834	64,260	139,094	2,519 66.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	237,035	203,542	440,577	3,830 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,018	8,976	7,707	18,701	1,846 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
73.01 07301	DIABETES CENTER	4,164	0	0	4,164	1,069 73.01
74.00 07400	RENAL DIALYSIS	0	12,838	11,024	23,862	0 74.00
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	1,041 90.00
91.00 09100	EMERGENCY	0	1,165,999	1,001,244	2,167,243	20,397 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	205,045	0	0	205,045	4,194 92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	9,778 101.00
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,331,344	11,591,493	9,958,774	22,881,611	231,655 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	30,762	26,415	57,177	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	MOB	0	0	0	0	386 194.00
194.01 07951	LIFELINE	0	0	0	0	23 194.01
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	1,331,344	11,622,255	9,985,189	22,938,788	232,064 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150109		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 10:31 am	
Cost Center Description			COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS	33,842					5.01
5.02	00511	MGMT INFO SYSTEMS	1,104	124,806				5.02
5.03	00512	PURCHASING	672	1,777	264,966			5.03
5.04	00513	ADMINITTING	0	1,490	3	3,233		5.04
5.05	00514	PATIENT ACCOUNTING	672	3,142	15	0	254,999	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	3,504	12,334	143	0	0	5.06
7.00	00700	OPERATION OF PLANT	2,640	6,717	115	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	48	527	54	0	0	8.00
9.00	00900	HOUSEKEEPING	432	5,536	307	0	0	9.00
10.00	01000	DIETARY	1,440	4,624	77	0	0	10.00
11.00	01100	CAFETERIA	0	2,060	85	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	432	3,733	10	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	192	1,612	8,684	0	0	14.00
15.00	01500	PHARMACY	1,104	3,656	785	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	816	2,904	1	0	0	16.00
17.00	01700	SOCIAL SERVICE	432	1,164	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,522	18,612	5,094	170	14,963	30.00
31.00	03100	INTENSIVE CARE UNIT	1,056	1,126	4	30	2,621	31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	816	3,204	724	58	5,113	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,152	1,740	260	13	1,146	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,056	474	11	1,011	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,152	6,585	172,177	899	49,130	50.00
51.00	05100	RECOVERY ROOM	384	1,050	235	37	3,272	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,248	6,114	2,742	68	6,011	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,880	5,672	21,802	487	42,969	54.00
56.00	05600	RADIOISOTOPE	0	1,987	30,724	118	10,404	56.00
60.00	06000	LABORATORY	2,112	126	8,930	233	20,572	60.00
65.00	06500	RESPIRATORY THERAPY	1,632	2,549	2,316	27	2,409	65.00
66.00	06600	PHYSICAL THERAPY	288	1,238	3	29	2,575	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	288	2,042	200	66	5,785	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	982	252	4	330	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	389	34,338	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	173	15,286	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	196	17,271	73.00
73.01	07301	DIABETES CENTER	288	570	29	1	102	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	2	211	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 (RHC)	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,536	943	494	3	229	90.00
91.00	09100	EMERGENCY	0	10,677	7,250	173	15,225	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,133	348	21	1,826	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	4,641	629	25	2,200	101.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,842	124,323	264,966	3,233	254,999	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	MOB	0	456	0	0	0	194.00
194.01	07951	LIFELINE	0	27	0	0	0	194.01
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)	33,842	124,806	264,966	3,233	254,999	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 10:31 am		
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	MGMT INFO SYSTEMS					5.02
5.03	00512	PURCHASING					5.03
5.04	00513	ADMINITTING					5.04
5.05	00514	PATIENT ACCOUNTING					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,481,331				5.06
7.00	00700	OPERATION OF PLANT	102,825	3,005,963			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,260	0	6,348		8.00
9.00	00900	HOUSEKEEPING	21,133	57,118	147	407,117	9.00
10.00	01000	DIETARY	14,802	117,882	178	16,275	810,426
11.00	01100	CAFETERIA	14,432	88,488	0	12,217	0
13.00	01300	NURSING ADMINISTRATION	28,497	35,315	0	4,876	0
14.00	01400	CENTRAL SERVICES & SUPPLY	7,270	55,141	161	7,613	0
15.00	01500	PHARMACY	34,355	46,133	0	6,369	0
16.00	01600	MEDICAL RECORDS & LIBRARY	18,180	19,966	0	2,756	0
17.00	01700	SOCIAL SERVICE	6,402	7,591	0	1,048	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	175,142	786,798	2,242	108,623	724,709
31.00	03100	INTENSIVE CARE UNIT	9,957	135,264	341	18,675	85,717
35.00	02040	NEONATAL INTENSIVE CARE UNIT	25,963	77,923	142	10,758	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	11,833	0	121	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	8,178	34,858	234	4,813	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	234,510	312,297	1,113	43,116	0
51.00	05100	RECOVERY ROOM	9,566	29,571	205	4,083	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,653	201,754	250	27,854	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	157,246	254,368	391	35,118	0
56.00	05600	RADIOISOTOPE	20,531	99,707	26	13,765	0
60.00	06000	LABORATORY	51,380	71,954	40	9,934	0
65.00	06500	RESPIRATORY THERAPY	18,117	60,242	47	8,317	0
66.00	06600	PHYSICAL THERAPY	32,362	25,113	88	3,467	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	13,991	79,545	36	10,982	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,012	0	416	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	110,712	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	116,668	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	39,752	0	0	0	0
73.01	07301	DIABETES CENTER	3,315	0	0	0	0
74.00	07400	RENAL DIALYSIS	3,299	4,308	0	595	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	5,765	0	0	0	0
91.00	09100	EMERGENCY	80,660	391,292	586	54,022	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	12,740	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	35,593	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
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,479,089	2,995,640	6,348	405,692	810,426
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	698	10,323	0	1,425	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	MOB	1,159	0	0	0	0
194.01	07951	LIFELINE	385	0	0	0	0
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,481,331	3,005,963	6,348	407,117	810,426

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150109		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 10:31 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	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	658,344					11.00
13.00	01300	28,380	305,881				13.00
14.00	01400	12,252	7,608	451,393			14.00
15.00	01500	27,794	0	0	409,043		15.00
16.00	01600	22,076	0	0	0	181,502	16.00
17.00	01700	8,847	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	141,485	87,852	0	0	10,640	30.00
31.00	03100	8,564	5,317	0	0	1,864	31.00
35.00	02040	24,360	15,125	0	0	3,636	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	13,227	8,213	0	0	815	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	8,032	4,987	0	0	719	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	50,059	29,011	0	0	35,119	50.00
51.00	05100	7,985	4,958	0	0	2,326	51.00
52.00	05200	46,481	28,861	0	0	4,274	52.00
54.00	05400	43,117	0	0	0	30,553	54.00
56.00	05600	15,109	9,382	0	0	7,397	56.00
60.00	06000	956	0	0	0	14,628	60.00
65.00	06500	19,379	12,033	0	0	1,713	65.00
66.00	06600	9,410	5,523	0	0	1,831	66.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	15,520	7,293	0	0	4,113	69.00
70.00	07000	7,463	4,634	0	0	234	70.00
71.00	07100	0	0	221,183	0	24,416	71.00
72.00	07200	0	0	230,210	0	10,869	72.00
73.00	07300	0	0	0	409,043	12,281	73.00
73.01	07301	4,335	2,692	0	0	72	73.01
74.00	07400	0	0	0	0	150	74.00
76.98	07698	0	0	0	0	0	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
90.00	09000	7,169	0	0	0	163	90.00
91.00	09100	81,171	50,483	0	0	10,826	91.00
92.00	09200						92.00
92.01	09201	16,215	0	0	0	1,299	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	35,285	21,909	0	0	1,564	101.00
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						113.00
118.00		654,671	305,881	451,393	409,043	181,502	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	3,464	0	0	0	0	194.00
194.01	07951	209	0	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		658,344	305,881	451,393	409,043	181,502	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 10:31 am		
Cost Center	Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	COMMUNICATIONS				5.01
5.02	00511	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	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	69,545			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,089	6,821,555	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,399	1,026,197	0	31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	6,950	613,542	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,767	46,847	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	2,340	243,060	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,719,671	0	50.00
51.00	05100	RECOVERY ROOM	0	230,096	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,505,398	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,376,045	0	54.00
56.00	05600	RADIOISOTOPE	0	794,995	0	56.00
60.00	06000	LABORATORY	0	579,664	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	505,660	0	65.00
66.00	06600	PHYSICAL THERAPY	0	223,540	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	584,268	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	37,874	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	391,038	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	373,206	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	478,543	0	73.00
73.01	07301	DIABETES CENTER	0	16,637	0	73.01
74.00	07400	RENAL DIALYSIS	0	32,427	0	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	17,343	0	90.00
91.00	09100	EMERGENCY	0	2,890,005	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	243,821	0	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	111,624	0	101.00
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	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	69,545	22,863,056	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	69,623	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950	MOB	0	5,465	0	194.00
194.01	07951	LIFELINE	0	644	0	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	69,545	22,938,788	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 10:31 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	418,242				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		418,458			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,493	4,493	57,993,518		4.00
5.01 00510	COMMUNICATIONS	626	626	376,910	705	5.01
5.02 00511	MGMT INFO SYSTEMS	2,395	2,395	0	23	2,141,059
5.03 00512	PURCHASING	5,040	5,040	549,648	14	30,493
5.04 00513	ADMINISTRATIVE	0	0	434,838	0	25,554
5.05 00514	PATIENT ACCOUNTING	4,796	4,796	863,303	14	53,906
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	22,722	22,722	6,548,280	73	211,585
7.00 00700	OPERATION OF PLANT	55,827	55,827	2,546,197	55	115,224
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	114,589	1	9,041
9.00 00900	HOUSEKEEPING	6,125	6,125	1,205,263	9	94,970
10.00 01000	DIETARY	12,641	12,641	558,870	30	79,322
11.00 01100	CAFETERIA	9,489	9,489	1,056,381	0	35,337
13.00 01300	NURSING ADMINISTRATION	3,787	3,787	2,258,677	9	64,043
14.00 01400	CENTRAL SERVICES & SUPPLY	5,913	5,913	461,849	4	27,648
15.00 01500	PHARMACY	4,947	5,162	2,233,985	23	62,721
16.00 01600	MEDICAL RECORDS & LIBRARY	2,141	2,141	1,054,460	17	49,817
17.00 01700	SOCIAL SERVICE	814	814	504,086	9	19,964
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	84,372	85,142	9,012,860	115	319,282
31.00 03100	INTENSIVE CARE UNIT	14,505	14,505	268,914	22	19,325
35.00 02040	NEONATAL INTENSIVE CARE UNIT	8,356	8,356	1,794,295	17	54,970
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	889,586	24	29,848
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	3,738	2,943	561,925	0	18,124
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	33,489	33,489	3,352,838	24	112,964
51.00 05100	RECOVERY ROOM	3,171	3,171	659,851	8	18,020
52.00 05200	DELIVERY ROOM & LABOR ROOM	21,635	21,661	3,252,013	26	104,889
54.00 05400	RADIOLOGY-DIAGNOSTIC	27,277	27,277	3,784,307	60	97,299
56.00 05600	RADIOISOTOPE	10,692	10,692	1,136,425	0	34,095
60.00 06000	LABORATORY	7,716	7,716	66,449	44	2,157
65.00 06500	RESPIRATORY THERAPY	6,460	6,460	1,181,650	34	43,730
66.00 06600	PHYSICAL THERAPY	2,693	2,693	629,491	6	21,234
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	8,530	8,530	956,962	6	35,022
70.00 07000	ELECTROENCEPHALOGRAPHY	323	323	461,344	0	16,841
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
73.01 07301	DIABETES CENTER	0	0	267,052	6	9,782
74.00 07400	RENAL DIALYSIS	462	462	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	260,182	32	16,177
91.00 09100	EMERGENCY	41,960	41,960	5,096,613	0	183,172
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	1,047,952	0	36,590
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	2,443,309	0	79,624
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	417,135	417,351	57,891,354	705	2,132,770
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,107	1,107	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00 07950	MOB	0	0	96,485	0	7,818
194.01 07951	LIFELINE	0	0	5,679	0	471
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 10:31 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	11,622,255	9,985,189	23,631,149	1,272,851	1,156,522	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	27.788350	23.861867	0.407479	1,805.462411	0.540164	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			232,064	33,842	124,806	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.004002	48.002837	0.058292	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared: 5/29/2014 10:31 am

Cost Center Description		PURCHASING (COSTED REQUISITION)	ADMINISTRATIVE (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	MGMT INFO SYSTEMS					5.02
5.03	00512	PURCHASING	29,455,341				5.03
5.04	00513	ADMINISTRATIVE	278	722,257,144			5.04
5.05	00514	PATIENT ACCOUNTING	1,708	0	722,257,144		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	15,845	0	0	-34,176,053	181,255,968
7.00	00700	OPERATION OF PLANT	12,823	0	0	0	12,581,090
8.00	00800	LAUNDRY & LINEN SERVICE	6,024	0	0	0	643,562
9.00	00900	HOUSEKEEPING	34,165	0	0	0	2,585,715
10.00	01000	DIETARY	8,577	0	0	0	1,811,069
11.00	01100	CAFETERIA	9,480	0	0	0	1,765,765
13.00	01300	NURSING ADMINISTRATION	1,085	0	0	0	3,486,746
14.00	01400	CENTRAL SERVICES & SUPPLY	965,309	0	0	0	889,520
15.00	01500	PHARMACY	87,213	0	0	0	4,203,464
16.00	01600	MEDICAL RECORDS & LIBRARY	127	0	0	0	2,224,442
17.00	01700	SOCIAL SERVICE	22	0	0	0	783,332
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	566,249	42,388,701	42,388,701	0	21,429,392
31.00	03100	INTENSIVE CARE UNIT	457	7,426,229	7,426,229	0	1,218,288
35.00	02040	NEONATAL INTENSIVE CARE UNIT	80,477	14,485,160	14,485,160	0	3,176,634
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	28,895	3,247,645	3,247,645	0	1,447,868
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	52,663	2,865,029	2,865,029	0	1,000,613
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,140,882	139,055,554	139,055,554	0	28,702,268
51.00	05100	RECOVERY ROOM	26,137	9,268,609	9,268,609	0	1,170,388
52.00	05200	DELIVERY ROOM & LABOR ROOM	304,778	17,029,390	17,029,390	0	5,952,840
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,423,528	121,724,500	121,724,500	0	19,239,643
56.00	05600	RADIOISOTOPE	3,415,269	29,471,720	29,471,720	0	2,512,013
60.00	06000	LABORATORY	992,684	58,278,392	58,278,392	0	6,286,528
65.00	06500	RESPIRATORY THERAPY	257,459	6,824,121	6,824,121	0	2,216,633
66.00	06600	PHYSICAL THERAPY	301	7,295,268	7,295,268	0	3,959,650
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	22,197	16,388,334	16,388,334	0	1,711,908
70.00	07000	ELECTROENCEPHALOGRAPHY	28,032	934,141	934,141	69,679	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	97,273,476	97,273,476	0	13,546,100
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	43,302,549	43,302,549	0	14,274,848
73.00	07300	DRUGS CHARGED TO PATIENTS	0	48,926,686	48,926,686	0	4,863,836
73.01	07301	DIABETES CENTER	3,261	288,778	288,778	0	405,605
74.00	07400	RENAL DIALYSIS	0	597,006	597,006	0	403,666
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	54,944	648,791	648,791	0	705,350
91.00	09100	EMERGENCY	805,885	43,131,476	43,131,476	0	9,869,122
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	38,642	5,173,545	5,173,545	0	1,558,803
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	69,945	6,232,044	6,232,044	0	4,354,930
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					
118.00		SUBTOTALS (SUM OF LINES 1-117)	29,455,341	722,257,144	722,257,144	-34,106,374	180,981,631
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	85,368
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	MOB	0	0	0	0	141,833
194.01	07951	LIFELINE	0	0	0	0	47,136
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	1,284,596	628,746	3,180,126		34,176,053
203.00		Unit cost multiplier (Wkst. B, Part I)	0.043612	0.000871	0.004403		0.188551

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150109			Period: From 01/01/2013 To 12/31/2013		Worksheet B-1 Date/Time Prepared: 5/29/2014 10:31 am	
Cost Center Description		PURCHASING (COSTED REQUISITION)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
204.00	Cost to be allocated (per Wkst. B, Part II)	264,966	3,233	254,999		1,481,331	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.008996	0.000004	0.000353		0.008173	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1
Date/Time Prepared:
5/29/2014 10:31 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	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	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	322,343				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	793,457			8.00
9.00	00900	HOUSEKEEPING	6,125	18,350	316,218		9.00
10.00	01000	DIETARY	12,641	22,285	12,641	131,335	10.00
11.00	01100	CAFETERIA	9,489	0	9,489	0	1,485,627
13.00	01300	NURSING ADMINISTRATION	3,787	0	3,787	0	64,043
14.00	01400	CENTRAL SERVICES & SUPPLY	5,913	20,110	5,913	0	27,648
15.00	01500	PHARMACY	4,947	0	4,947	0	62,721
16.00	01600	MEDICAL RECORDS & LIBRARY	2,141	0	2,141	0	49,817
17.00	01700	SOCIAL SERVICE	814	0	814	0	19,964
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,372	280,102	84,372	117,444	319,282
31.00	03100	INTENSIVE CARE UNIT	14,505	42,670	14,505	13,891	19,325
35.00	02040	NEONATAL INTENSIVE CARE UNIT	8,356	17,786	8,356	0	54,970
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	15,063	0	0	29,848
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	3,738	29,230	3,738	0	18,124
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,489	139,157	33,489	0	112,964
51.00	05100	RECOVERY ROOM	3,171	25,589	3,171	0	18,020
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,635	31,252	21,635	0	104,889
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,277	48,829	27,277	0	97,299
56.00	05600	RADIOISOTOPE	10,692	3,227	10,692	0	34,095
60.00	06000	LABORATORY	7,716	5,059	7,716	0	2,157
65.00	06500	RESPIRATORY THERAPY	6,460	5,924	6,460	0	43,730
66.00	06600	PHYSICAL THERAPY	2,693	11,025	2,693	0	21,234
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	8,530	4,493	8,530	0	35,022
70.00	07000	ELECTROENCEPHALOGRAPHY	323	0	323	0	16,841
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
73.01	07301	DIABETES CENTER	0	0	0	0	9,782
74.00	07400	RENAL DIALYSIS	462	0	462	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	16,177
91.00	09100	EMERGENCY	41,960	73,306	41,960	0	183,172
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	36,590
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	79,624
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					
118.00		SUBTOTALS (SUM OF LINES 1-117)	321,236	793,457	315,111	131,335	1,477,338
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,107	0	1,107	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	MOB	0	0	0	0	7,818
194.01	07951	LIFELINE	0	0	0	0	471
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	14,953,267	764,906	3,375,078	2,895,359	2,640,169
203.00		Unit cost multiplier (Wkst. B, Part I)	46.389303	0.964017	10.673263	22.045601	1.777141

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 10:31 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	3,005,963	6,348	407,117	810,426	658,344	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.325355	0.008000	1.287457	6.170678	0.443142	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 10:31 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	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	1,111,657					13.00
14.00	01400	27,648	100				14.00
15.00	01500	0	0	100			15.00
16.00	01600	0	0	0	722,257,144		16.00
17.00	01700	0	0	0	0	35,072	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	319,281	0	0	42,388,701	25,260	30.00
31.00	03100	19,325	0	0	7,426,229	2,723	31.00
35.00	02040	54,970	0	0	14,485,160	3,505	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	29,848	0	0	3,247,645	2,404	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	18,124	0	0	2,865,029	1,180	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	105,434	0	0	139,055,554	0	50.00
51.00	05100	18,020	0	0	9,268,609	0	51.00
52.00	05200	104,889	0	0	17,029,390	0	52.00
54.00	05400	0	0	0	121,724,500	0	54.00
56.00	05600	34,095	0	0	29,471,720	0	56.00
60.00	06000	0	0	0	58,278,392	0	60.00
65.00	06500	43,730	0	0	6,824,121	0	65.00
66.00	06600	20,073	0	0	7,295,268	0	66.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	26,505	0	0	16,388,334	0	69.00
70.00	07000	16,841	0	0	934,141	0	70.00
71.00	07100	0	49	0	97,273,476	0	71.00
72.00	07200	0	51	0	43,302,549	0	72.00
73.00	07300	0	0	100	48,926,686	0	73.00
73.01	07301	9,782	0	0	288,778	0	73.01
74.00	07400	0	0	0	597,006	0	74.00
76.98	07698	0	0	0	0	0	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
90.00	09000	0	0	0	648,791	0	90.00
91.00	09100	183,469	0	0	43,131,476	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	5,173,545	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	79,623	0	0	6,232,044	0	101.00
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
118.00		1,111,657	100	100	722,257,144	35,072	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
200.00							200.00
201.00							201.00
202.00		4,474,084	1,574,446	5,389,784	2,854,565	1,012,958	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 10:31 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		(DIRECT NURSING HRS)	(COSTED REQUIS.)				
		13.00	14.00	15.00	16.00	17.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	4.024698	15,744.460000	53,897.840000	0.003952	28.882242	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	305,881	451,393	409,043	181,502	69,545	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.275158	4,513.930000	4,090.430000	0.000251	1.982921	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150109

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2014 10:31 am

		Title XVII		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		35,893,060	0	35,893,060	30.00	
31.00	03100 INTENSIVE CARE UNIT		2,843,174	0	2,843,174	31.00	
35.00	02040 NEONATAL INTENSIVE CARE UNIT		4,746,957	54,692	4,801,649	35.00	
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - I RF		1,990,827	0	1,990,827	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		1,581,315	0	1,581,315	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		37,334,131	0	37,334,131	50.00	
51.00	05100 RECOVERY ROOM		1,737,858	0	1,737,858	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,015,780	0	9,015,780	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		25,124,834	42,783	25,167,617	54.00	
56.00	05600 RADIOISOTOPE		3,913,166	0	3,913,166	56.00	
60.00	06000 LABORATORY		8,151,180	42,351	8,193,531	60.00	
65.00	06500 RESPIRATORY THERAPY	0	3,289,599	14,601	3,304,200	65.00	
66.00	06600 PHYSICAL THERAPY	0	5,017,898	0	5,017,898	66.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,759,446	0	2,759,446	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		50,153	4,815	54,968	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		17,256,135	0	17,256,135	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		17,940,484	0	17,940,484	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		11,364,059	0	11,364,059	73.00	
73.01	07301 DIABETES CENTER		539,977	2,334	542,311	73.01	
74.00	07400 RENAL DIALYSIS		508,500	0	508,500	74.00	
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC (RHC)		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		869,657	0	869,657	90.00	
91.00	09100 EMERGENCY		15,429,353	33,748	15,463,101	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		1,938,189	0	1,938,189	92.01	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY		5,662,647	0	5,662,647	101.00	
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		0	0	0	113.00	
200.00	Subtotal (see instructions)		214,958,379	195,324	215,153,703	200.00	
201.00	Less Observation Beds		0	0	0	201.00	
202.00	Total (see instructions)		214,958,379	195,324	215,153,703	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150109

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

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		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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,388,701		42,388,701		30.00
31.00	03100	INTENSIVE CARE UNIT	7,426,229		7,426,229		31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	14,485,160		14,485,160		35.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	3,247,645		3,247,645		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,865,029		2,865,029		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	49,296,967	89,758,587	139,055,554	0.268484	50.00
51.00	05100	RECOVERY ROOM	4,115,348	5,153,261	9,268,609	0.187499	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,580,702	448,688	17,029,390	0.529425	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,858,325	94,866,175	121,724,500	0.206407	54.00
56.00	05600	RADIOISOTOPE	15,898,171	13,573,549	29,471,720	0.132777	56.00
60.00	06000	LABORATORY	26,879,449	31,398,943	58,278,392	0.139866	60.00
65.00	06500	RESPIRATORY THERAPY	5,658,540	1,165,581	6,824,121	0.482055	65.00
66.00	06600	PHYSICAL THERAPY	7,154,369	140,899	7,295,268	0.687829	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,253,138	11,135,196	16,388,334	0.168379	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	419,161	514,980	934,141	0.053689	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	58,334,314	38,939,162	97,273,476	0.177398	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,750,447	9,552,102	43,302,549	0.414305	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,412,683	17,514,003	48,926,686	0.232267	73.00
73.01	07301	DIABETES CENTER	17,527	271,251	288,778	1.869869	73.01
74.00	07400	RENAL DIALYSIS	597,006	0	597,006	0.851750	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	648,791	648,791	1.340427	90.00
91.00	09100	EMERGENCY	5,966,888	37,164,588	43,131,476	0.357728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	311,051	4,862,494	5,173,545	0.374635	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	6,232,044	6,232,044		101.00
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
200.00		Subtotal (see instructions)	358,916,850	363,340,294	722,257,144		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	358,916,850	363,340,294	722,257,144		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 10:31 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
35.00	02040 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.268484		50.00
51.00	05100 RECOVERY ROOM	0.187499		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.529425		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.206759		54.00
56.00	05600 RADIOISOTOPE	0.132777		56.00
60.00	06000 LABORATORY	0.140593		60.00
65.00	06500 RESPIRATORY THERAPY	0.484194		65.00
66.00	06600 PHYSICAL THERAPY	0.687829		66.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.168379		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.058843		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.177398		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.414305		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.232267		73.00
73.01	07301 DIABETES CENTER	1.877951		73.01
74.00	07400 RENAL DIALYSIS	0.851750		74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC (RHC)			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	1.340427		90.00
91.00	09100 EMERGENCY	0.358511		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.374635		92.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
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
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: 150109

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2014 10:31 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		35,893,060	0	35,893,060	30.00	
31.00	03100 INTENSIVE CARE UNIT		2,843,174	0	2,843,174	31.00	
35.00	02040 NEONATAL INTENSIVE CARE UNIT		4,746,957	54,692	4,801,649	35.00	
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - I RF		1,990,827	0	1,990,827	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		1,581,315	0	1,581,315	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		37,334,131	0	37,334,131	50.00	
51.00	05100 RECOVERY ROOM		1,737,858	0	1,737,858	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,015,780	0	9,015,780	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		25,124,834	42,783	25,167,617	54.00	
56.00	05600 RADIOISOTOPE		3,913,166	0	3,913,166	56.00	
60.00	06000 LABORATORY		8,151,180	42,351	8,193,531	60.00	
65.00	06500 RESPIRATORY THERAPY	0	3,289,599	14,601	3,304,200	65.00	
66.00	06600 PHYSICAL THERAPY	0	5,017,898	0	5,017,898	66.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,759,446	0	2,759,446	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		50,153	4,815	54,968	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		17,256,135	0	17,256,135	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		17,940,484	0	17,940,484	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		11,364,059	0	11,364,059	73.00	
73.01	07301 DIABETES CENTER		539,977	2,334	542,311	73.01	
74.00	07400 RENAL DIALYSIS		508,500	0	508,500	74.00	
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC (RHC)		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		869,657	0	869,657	90.00	
91.00	09100 EMERGENCY		15,429,353	33,748	15,463,101	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		1,938,189	0	1,938,189	92.01	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY		5,662,647	0	5,662,647	101.00	
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		0	0	0	113.00	
200.00	Subtotal (see instructions)		214,958,379	195,324	215,153,703	200.00	
201.00	Less Observation Beds		0	0	0	201.00	
202.00	Total (see instructions)		214,958,379	195,324	215,153,703	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150109		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/29/2014 10:31 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,388,701		42,388,701			30.00
31.00	03100	INTENSIVE CARE UNIT	7,426,229		7,426,229			31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	14,485,160		14,485,160			35.00
40.00	04000	SUBPROVIDER - I PF	0		0			40.00
41.00	04100	SUBPROVIDER - I RF	3,247,645		3,247,645			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	2,865,029		2,865,029			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,296,967	89,758,587	139,055,554	0.268484	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,115,348	5,153,261	9,268,609	0.187499	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,580,702	448,688	17,029,390	0.529425	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,858,325	94,866,175	121,724,500	0.206407	0.000000	54.00
56.00	05600	RADIOISOTOPE	15,898,171	13,573,549	29,471,720	0.132777	0.000000	56.00
60.00	06000	LABORATORY	26,879,449	31,398,943	58,278,392	0.139866	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	5,658,540	1,165,581	6,824,121	0.482055	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,154,369	140,899	7,295,268	0.687829	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,253,138	11,135,196	16,388,334	0.168379	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	419,161	514,980	934,141	0.053689	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	58,334,314	38,939,162	97,273,476	0.177398	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,750,447	9,552,102	43,302,549	0.414305	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,412,683	17,514,003	48,926,686	0.232267	0.000000	73.00
73.01	07301	DIABETES CENTER	17,527	271,251	288,778	1.869869	0.000000	73.01
74.00	07400	RENAL DIALYSIS	597,006	0	597,006	0.851750	0.000000	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	648,791	648,791	1.340427	0.000000	90.00
91.00	09100	EMERGENCY	5,966,888	37,164,588	43,131,476	0.357728	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	311,051	4,862,494	5,173,545	0.374635	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	6,232,044	6,232,044			101.00
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
200.00		Subtotal (see instructions)	358,916,850	363,340,294	722,257,144			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	358,916,850	363,340,294	722,257,144			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 10:31 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
35.00	02040	NEONATAL INTENSIVE CARE UNIT		35.00
40.00	04000	SUBPROVIDER - I PF		40.00
41.00	04100	SUBPROVIDER - I RF		41.00
42.00	04200	SUBPROVIDER		42.00
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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
60.00	06000	LABORATORY	0.000000	60.00
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
73.01	07301	DIABETES CENTER	0.000000	73.01
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 (RHC)	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	89.00
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF		99.10
101.00	10100	HOME HEALTH AGENCY		101.00
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
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: 150109

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

Worksheet D
Part I
Date/Time Prepared:
5/29/2014 10:31 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,821,555	0	6,821,555	25,260	270.05	30.00
31.00	INTENSIVE CARE UNIT	1,026,197		1,026,197	2,723	376.86	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	613,542		613,542	3,505	175.05	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	46,847	0	46,847	2,404	19.49	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	243,060		243,060	1,180	205.98	43.00
200.00	Total (lines 30-199)	8,751,201		8,751,201	35,072		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	9,846	2,658,912				
31.00	INTENSIVE CARE UNIT	1,252	471,829				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	83	1,618				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	11,181	3,132,359				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/29/2014 10:31 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,719,671	139,055,554	0.019558	22,731,581	444,584	50.00
51.00	05100 RECOVERY ROOM	230,096	9,268,609	0.024825	1,932,036	47,963	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,505,398	17,029,390	0.088400	16,629	1,470	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,376,045	121,724,500	0.019520	11,446,431	223,434	54.00
56.00	05600 RADIOISOTOPE	794,995	29,471,720	0.026975	5,405,503	145,813	56.00
60.00	06000 LABORATORY	579,664	58,278,392	0.009946	12,868,123	127,986	60.00
65.00	06500 RESPIRATORY THERAPY	505,660	6,824,121	0.074099	2,071,864	153,523	65.00
66.00	06600 PHYSICAL THERAPY	223,540	7,295,268	0.030642	2,342,537	71,780	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	584,268	16,388,334	0.035651	2,906,572	103,622	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	37,874	934,141	0.040544	205,412	8,328	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	391,038	97,273,476	0.004020	18,797,838	75,567	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	373,206	43,302,549	0.008619	24,776,584	213,549	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	478,543	48,926,686	0.009781	13,310,116	130,186	73.00
73.01	07301 DIABETES CENTER	16,637	288,778	0.057612	6,125	353	73.01
74.00	07400 RENAL DIALYSIS	32,427	597,006	0.054316	459,703	24,969	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	17,343	648,791	0.026731	0	0	90.00
91.00	09100 EMERGENCY	2,890,005	43,131,476	0.067005	3,072,036	205,842	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	243,821	5,173,545	0.047128	296,201	13,959	92.01
200.00	Total (lines 50-199)	14,000,231	645,612,336		122,645,291	1,992,928	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150109		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/29/2014 10:31 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,260	0.00	9,846	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,723	0.00	1,252	0		31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT	3,505	0.00	0	0		35.00
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	2,404	0.00	83	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	1,180	0.00	0	0		43.00
200.00		Total (lines 30-199)	35,072		11,181	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 10:31 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
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
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
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	0	0	0	0	73.00
73.01	07301	DIABETES CENTER	0	0	0	0	0	0	73.01
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 (RHC)	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 10:31 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	139,055,554	0.000000	0.000000	22,731,581	50.00
51.00	05100 RECOVERY ROOM	0	9,268,609	0.000000	0.000000	1,932,036	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	17,029,390	0.000000	0.000000	16,629	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	121,724,500	0.000000	0.000000	11,446,431	54.00
56.00	05600 RADIOISOTOPE	0	29,471,720	0.000000	0.000000	5,405,503	56.00
60.00	06000 LABORATORY	0	58,278,392	0.000000	0.000000	12,868,123	60.00
65.00	06500 RESPIRATORY THERAPY	0	6,824,121	0.000000	0.000000	2,071,864	65.00
66.00	06600 PHYSICAL THERAPY	0	7,295,268	0.000000	0.000000	2,342,537	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	16,388,334	0.000000	0.000000	2,906,572	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	934,141	0.000000	0.000000	205,412	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	97,273,476	0.000000	0.000000	18,797,838	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	43,302,549	0.000000	0.000000	24,776,584	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	48,926,686	0.000000	0.000000	13,310,116	73.00
73.01	07301 DIABETES CENTER	0	288,778	0.000000	0.000000	6,125	73.01
74.00	07400 RENAL DIALYSIS	0	597,006	0.000000	0.000000	459,703	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	648,791	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	43,131,476	0.000000	0.000000	3,072,036	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	5,173,545	0.000000	0.000000	296,201	92.01
200.00	Total (lines 50-199)	0	645,612,336			122,645,291	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150109

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2014 10:31 am

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	10,146,240	0	50.00
51.00	05100 RECOVERY ROOM	0	1,051,574	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	753	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	25,341,606	0	54.00
56.00	05600 RADIOISOTOPE	0	4,857,942	0	56.00
60.00	06000 LABORATORY	0	1,221,734	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	284,907	0	65.00
66.00	06600 PHYSICAL THERAPY	0	28,114	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,246,958	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	32,375	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,556,191	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,262,530	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,952,821	0	73.00
73.01	07301 DIABETES CENTER	0	90	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC (RHC)	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	7,287,025	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	986,586	0	92.01
200.00	Total (lines 50-199)	0	77,257,446	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 10:31 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	0.268484	10,146,240	0	0	2,724,103
51.00 05100 RECOVERY ROOM	0.187499	1,051,574	0	0	197,169
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.529425	753	0	0	399
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.206407	25,341,606	0	0	5,230,685
56.00 05600 RADIOISOTOPE	0.132777	4,857,942	0	0	645,023
60.00 06000 LABORATORY	0.139866	1,221,734	9,432	0	170,879
65.00 06500 RESPIRATORY THERAPY	0.482055	284,907	0	0	137,341
66.00 06600 PHYSICAL THERAPY	0.687829	28,114	0	0	19,338
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.168379	4,246,958	0	0	715,099
70.00 07000 ELECTROENCEPHALOGRAPHY	0.053689	32,375	0	0	1,738
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.177398	8,556,191	0	0	1,517,851
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.414305	7,262,530	0	0	3,008,902
73.00 07300 DRUGS CHARGED TO PATIENTS	0.232267	5,952,821	0	123,704	1,382,644
73.01 07301 DIABETES CENTER	1.869869	90	0	0	168
74.00 07400 RENAL DIALYSIS	0.851750	0	0	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC (RHC)	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	1.340427	0	0	0	0
91.00 09100 EMERGENCY	0.357728	7,287,025	0	0	2,606,773
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.374635	986,586	0	0	369,610
200.00 Subtotal (see instructions)		77,257,446	9,432	123,704	18,727,722
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 +/- line 201)		77,257,446	9,432	123,704	18,727,722

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 10:31 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
60.00	06000 LABORATORY	1,319	0	60.00
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	28,732	73.00
73.01	07301 DIABETES CENTER	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC (RHC)	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00	Subtotal (see instructions)	1,319	28,732	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	1,319	28,732	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150109 Component CCN: 15T109		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/29/2014 10:31 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,719,671	139,055,554	0.019558	0	0	50.00
51.00	05100 RECOVERY ROOM	230,096	9,268,609	0.024825	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,505,398	17,029,390	0.088400	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,376,045	121,724,500	0.019520	71,491	1,396	54.00
56.00	05600 RADIOISOTOPE	794,995	29,471,720	0.026975	0	0	56.00
60.00	06000 LABORATORY	579,664	58,278,392	0.009946	407,776	4,056	60.00
65.00	06500 RESPIRATORY THERAPY	505,660	6,824,121	0.074099	83,501	6,187	65.00
66.00	06600 PHYSICAL THERAPY	223,540	7,295,268	0.030642	1,660,330	50,876	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	584,268	16,388,334	0.035651	17,973	641	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	37,874	934,141	0.040544	2,212	90	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	391,038	97,273,476	0.004020	55,466	223	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	373,206	43,302,549	0.008619	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	478,543	48,926,686	0.009781	440,059	4,304	73.00
73.01	07301 DIABETES CENTER	16,637	288,778	0.057612	352	20	73.01
74.00	07400 RENAL DIALYSIS	32,427	597,006	0.054316	40,120	2,179	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	17,343	648,791	0.026731	0	0	90.00
91.00	09100 EMERGENCY	2,890,005	43,131,476	0.067005	1,676	112	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	243,821	5,173,545	0.047128	0	0	92.01
200.00	Total (lines 50-199)	14,000,231	645,612,336		2,780,956	70,084	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109 Component CCN: 15T109	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 10:31 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301 DIABETES CENTER	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109 Component CCN: 15T109	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 10:31 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	139,055,554	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	9,268,609	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	17,029,390	0.000000	0.000000	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	121,724,500	0.000000	0.000000	71,491	54.00
56.00 05600 RADIOISOTOPE	0	29,471,720	0.000000	0.000000	0	56.00
60.00 06000 LABORATORY	0	58,278,392	0.000000	0.000000	407,776	60.00
65.00 06500 RESPIRATORY THERAPY	0	6,824,121	0.000000	0.000000	83,501	65.00
66.00 06600 PHYSICAL THERAPY	0	7,295,268	0.000000	0.000000	1,660,330	66.00
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	16,388,334	0.000000	0.000000	17,973	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	934,141	0.000000	0.000000	2,212	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	97,273,476	0.000000	0.000000	55,466	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	43,302,549	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	48,926,686	0.000000	0.000000	440,059	73.00
73.01 07301 DIABETES CENTER	0	288,778	0.000000	0.000000	352	73.01
74.00 07400 RENAL DIALYSIS	0	597,006	0.000000	0.000000	40,120	74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC (RHC)	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	648,791	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	43,131,476	0.000000	0.000000	1,676	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	5,173,545	0.000000	0.000000	0	92.01
200.00 Total (lines 50-199)	0	645,612,336			2,780,956	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 10:31 am
	Component CCN: 15T109	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
60.00 06000 LABORATORY	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.01 07301 DIABETES CENTER	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC (RHC)	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2014 10:31 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)		25,260	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,260	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)		25,260	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,846	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)		35,893,060	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		35,893,060	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)		35,893,060	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,420.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,990,575	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		13,990,575	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,843,174	2,723	1,044.13	1,252	1,307,251	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,801,649	3,505	1,369.94	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					32,790,257	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					48,088,083	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)					3,130,741	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,992,928	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,123,669	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					42,964,414	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 10:31 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	6,821,555	35,893,060	0.190052	0	0	90.00
91.00	Nursing School cost	0	35,893,060	0.000000	0	0	91.00
92.00	Allied health cost	0	35,893,060	0.000000	0	0	92.00
93.00	All other Medical Education	0	35,893,060	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 15T109		Date/Time Prepared: 5/29/2014 10:31 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,404	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,404	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,404	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)		83	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)		1,990,827	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,990,827	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)		1,990,827	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)		828.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		68,735	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)		68,735	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15T109				Date/Time Prepared: 5/29/2014 10:31 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,405,206		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,473,941		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,618		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					70,084		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					71,702		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,402,239		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)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109 Component CCN: 15T109		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 10:31 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	46,847	1,990,827	0.023531	0	0	90.00
91.00	Nursing School cost	0	1,990,827	0.000000	0	0	91.00
92.00	Allied health cost	0	1,990,827	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,990,827	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/29/2014 10:31 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,260	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,260	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)		25,260	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)		5,030	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)		1,180	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)		35,893,060	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		35,893,060	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)		35,893,060	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,420.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,147,328	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,147,328	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 5/29/2014 10:31 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,581,315	1,180	1,340.10	0	0 42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,843,174	2,723	1,044.13	0	0 43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	4,746,957	3,505	1,354.34	0	0 47.00	
Cost Center Description							
		1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,555,782	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					13,703,110	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 10:31 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 15T109		Date/Time Prepared: 5/29/2014 10:31 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,404	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,404	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,404	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)		204	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)		1,180	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)		1,990,827	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,990,827	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)		1,990,827	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)		828.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		168,939	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)		168,939	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15T109				Date/Time Prepared: 5/29/2014 10:31 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					198,465		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					367,404		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109 Component CCN: 15T109		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 10:31 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 10:31 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		18,556,679	30.00
31.00	03100	INTENSIVE CARE UNIT		3,826,068	31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.268484	22,731,581	6,103,066 50.00
51.00	05100	RECOVERY ROOM	0.187499	1,932,036	362,255 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.529425	16,629	8,804 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206759	11,446,431	2,366,653 54.00
56.00	05600	RADIOISOTOPE	0.132777	5,405,503	717,726 56.00
60.00	06000	LABORATORY	0.140593	12,868,123	1,809,168 60.00
65.00	06500	RESPIRATORY THERAPY	0.484194	2,071,864	1,003,184 65.00
66.00	06600	PHYSICAL THERAPY	0.687829	2,342,537	1,611,265 66.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.168379	2,906,572	489,406 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.058843	205,412	12,087 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.177398	18,797,838	3,334,699 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.414305	24,776,584	10,265,063 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232267	13,310,116	3,091,501 73.00
73.01	07301	DIABETES CENTER	1.877951	6,125	11,502 73.01
74.00	07400	RENAL DIALYSIS	0.851750	459,703	391,552 74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	1.340427	0	0 90.00
91.00	09100	EMERGENCY	0.358511	3,072,036	1,101,359 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.374635	296,201	110,967 92.01
200.00		Total (sum of lines 50-94 and 96-98)		122,645,291	32,790,257 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		122,645,291	32,790,257 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T109		Date/Time Prepared: 5/29/2014 10:31 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,786,347	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	0.268484	0	50.00
51.00	05100	RECOVERY ROOM	0.187499	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.529425	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206759	71,491	54.00
56.00	05600	RADIOISOTOPE	0.132777	0	56.00
60.00	06000	LABORATORY	0.140593	407,776	60.00
65.00	06500	RESPIRATORY THERAPY	0.484194	83,501	65.00
66.00	06600	PHYSICAL THERAPY	0.687829	1,660,330	66.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.168379	17,973	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.058843	2,212	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.177398	55,466	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.414305	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232267	440,059	73.00
73.01	07301	DIABETES CENTER	1.877951	352	73.01
74.00	07400	RENAL DIALYSIS	0.851750	40,120	74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.340427	0	90.00
91.00	09100	EMERGENCY	0.358511	1,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.374635	0	92.01
200.00		Total (sum of lines 50-94 and 96-98)		2,780,956	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		2,780,956	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 10:31 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,750,082	30.00
31.00	03100	INTENSIVE CARE UNIT		1,141,356	31.00
35.00	02040	NEONATAL INTENSIVE CARE UNIT		10,107,573	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.268484	3,239,248	869,686 50.00
51.00	05100	RECOVERY ROOM	0.187499	233,233	43,731 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.529425	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206407	2,341,248	483,250 54.00
56.00	05600	RADIOISOTOPE	0.132777	671,950	89,220 56.00
60.00	06000	LABORATORY	0.139866	3,850,429	538,544 60.00
65.00	06500	RESPIRATORY THERAPY	0.482055	970,205	467,692 65.00
66.00	06600	PHYSICAL THERAPY	0.687829	782,226	538,038 66.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.168379	459,925	77,442 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.053689	41,467	2,226 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.177398	3,921,613	695,686 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.414305	2,913,321	1,207,003 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232267	5,785,234	1,343,719 73.00
73.01	07301	DIABETES CENTER	1.869869	1,085	2,029 73.01
74.00	07400	RENAL DIALYSIS	0.851750	38,940	33,167 74.00
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	1.340427	0	0 90.00
91.00	09100	EMERGENCY	0.357728	444,539	159,024 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.374635	14,213	5,325 92.01
200.00		Total (sum of lines 50-94 and 96-98)		25,708,876	6,555,782 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		25,708,876	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T109		Date/Time Prepared: 5/29/2014 10:31 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
35.00	02040 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - I PF		0		40.00
41.00	04100 SUBPROVIDER - IRF		293,637		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	0.268484	0	0	50.00
51.00	05100 RECOVERY ROOM	0.187499	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.529425	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.206407	25,060	5,173	54.00
56.00	05600 RADIOISOTOPE	0.132777	0	0	56.00
60.00	06000 LABORATORY	0.139866	84,055	11,756	60.00
65.00	06500 RESPIRATORY THERAPY	0.482055	549	265	65.00
66.00	06600 PHYSICAL THERAPY	0.687829	248,574	170,976	66.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.168379	496	84	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.053689	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.177398	4,315	765	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.414305	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.232267	40,329	9,367	73.00
73.01	07301 DIABETES CENTER	1.869869	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.851750	93	79	74.00
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC (RHC)	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	1.340427	0	0	90.00
91.00	09100 EMERGENCY	0.357728	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.374635	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		403,471	198,465	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		403,471		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 10:31 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)		19,182,179	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		6,704,504	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)		1,123,840	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		3,385,573	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		164.00	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)		3.14	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.78	31.00
32.00	Sum of lines 30 and 31		31.92	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.55	33.00
34.00	Disproportionate share adjustment (see instructions)		3,243,467	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 10:31 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)			0	35.00
35.01	Factor 3 (see instructions)			0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			2,399,803	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			604,882	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		604,882		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)		30,858,872		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)		30,858,872		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,418,532		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		33,277,404		59.00
60.00	Primary payer payments		19,750		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		33,257,654		61.00
62.00	Deductibles billed to program beneficiaries		2,575,469		62.00
63.00	Coinurance billed to program beneficiaries		56,494		63.00
64.00	Allowable bad debts (see instructions)		304,508		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		197,930		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		115,741		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		30,823,621		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		-13,245		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-44,300		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3			0	70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 10:31 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)		30,766,076		71.00
71.01	Sequestration adjustment (see instructions)		464,568		71.01
72.00	Interim payments		29,538,261		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		763,247		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		1,324,502		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		1,123,840		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		229,543		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: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 10:31 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		30,051	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,727,722	2.00
3.00	PPS payments		12,215,667	3.00
4.00	Outlier payment (see instructions)		445,703	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.923	5.00
6.00	Line 2 times line 5		17,285,687	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		73.25	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		30,051	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		133,136	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)		133,136	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)		133,136	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		103,085	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)		30,051	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)		12,661,370	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)		2,571,671	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)		10,119,750	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)		10,119,750	30.00
31.00	Primary payer payments		10,814	31.00
32.00	Subtotal (line 30 minus line 31)		10,108,936	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)		347,718	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		226,017	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		188,233	36.00
37.00	Subtotal (see instructions)		10,334,953	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)		10,334,953	40.00
40.01	Sequestration adjustment (see instructions)		156,058	40.01
41.00	Interim payments		10,099,222	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		79,673	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)		445,703	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: 150109

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2014 10:31 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		29,538,261		10,099,222	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)		29,538,261		10,099,222	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		763,247		79,673	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		30,301,508		10,178,895	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor			01001		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150109
Component CCN: 15T109

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2014 10:31 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,034,754		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,034,754		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		706		0	6.02
7.00	Total Medicare program liability (see instructions)		2,034,048		0	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: 150109

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2014 10:31 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			7,910 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			11,098 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,383 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			31,488 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			722,257,144 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			39,714,560 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)			1,405,913 8.00
9.00	Sequestration adjustment amount (see instructions)			28,118 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,377,795 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,522,528 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)			-144,733 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109 Component CCN: 15T109	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/29/2014 10:31 am	
		Title XVIIII	Subprovider - IRF	PPS	
			Prior to 10/01	On/After 10/01	
			1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS					
1.00	Net Federal PPS Payment (see instructions)		1,619,975	334,771	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0207		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		76,787	10,847	3.00
4.00	Outlier Payments		42,571		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00		5.01
6.00	New Teaching program adjustment. (see instructions)		0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00		9.00
10.00	Average Daily Census (see instructions)		6.586301		10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	0	12.00
13.00	Total PPS Payment (see instructions)		2,084,951		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0		16.00
17.00	Subtotal (see instructions)		2,084,951		17.00
18.00	Primary payer payments		0		18.00
19.00	Subtotal (line 17 less line 18).		2,084,951		19.00
20.00	Deductibles		7,104		20.00
21.00	Subtotal (line 19 minus line 20)		2,077,847		21.00
22.00	Coinurance		11,840		22.00
23.00	Subtotal (line 21 minus line 22)		2,066,007		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0		24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		26.00
27.00	Subtotal (sum of lines 23 and 25)		2,066,007		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0		28.00
29.00	Other pass through costs (see instructions)		0		29.00
30.00	Outlier payments reconciliation		0		30.00
31.00	PSR ADJUSTMENT		-774		31.00
31.99	Recovery of Accelerated Depreciation		0		31.99
32.00	Total amount payable to the provider (see instructions)		2,065,233		32.00
32.01	Sequestration adjustment (see instructions)		31,185		32.01
33.00	Interim payments		2,034,754		33.00
34.00	Tentative settlement (for contractor use only)		0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		-706		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		42,571		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0		51.00
52.00	The rate used to calculate the Time Value of Money		0.00		52.00
53.00	Time Value of Money (see instructions)		0		53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2014 10:31 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		13,703,110		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)		13,703,110	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)		13,703,110	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		25,708,876	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)		25,708,876	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)		25,708,876	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		12,005,766	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)		13,703,110	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)		13,703,110	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)		13,703,110	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)		13,703,110	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		13,703,110	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)		13,703,110	0	40.00
41.00	Interim payments		13,703,110	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2014 10:31 am
		Title XIX	Subprovider - IRF	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	367,404		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)	367,404	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)	367,404	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	403,471	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)	403,471	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)	403,471	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	36,067	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)	367,404	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	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	367,404	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)	367,404	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	367,404	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	367,404	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	367,404	0	40.00
41.00	Interim payments	367,404	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

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

Provider CCN: 150109

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

Worksheet G

Date/Time Prepared:
5/29/2014 10:31 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: 150109

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

Worksheet G-1

Date/Time Prepared:
5/29/2014 10:31 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) (SPEC	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) (SPEC		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: 150109

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2014 10:31 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	0		0	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	NEONATAL INTENSIVE CARE UNIT	14,502,623		14,502,623	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	28,730,033		28,730,033	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	113,032,154		113,032,154	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 (RHC)	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		6,232,044	6,232,044	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORP	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSABLE	-3,034,395	170,275	-2,864,120	27.00
27.01	HOSPICE	0	4,112,765	4,112,765	27.01
27.02	PHYSICIAN (CORP 44)	0	56,913,434	56,913,434	27.02
27.03		0	0	0	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	424,654,100	522,950,561	947,604,661	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		231,570,390		29.00
30.00	AFFILIATES	56,028,043			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)		113,388,186		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: 150109

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

Worksheet G-3

Date/Time Prepared:
5/29/2014 10:31 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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet H
		HHA CCN: 157124		Date/Time Prepared: 5/29/2014 10:31 am
			Home Health Agency I	PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		18,834	18,834	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	627,572	0	16,453	61,158	44,142	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	551,865	0	62,417	0	614,282	6.00
7.00	Physical Therapy	416,399	0	43,940	0	460,339	7.00
8.00	Occupational Therapy	177,904	0	12,219	0	190,123	8.00
9.00	Speech Pathology	10,133	0	2,301	0	12,434	9.00
10.00	Medical Social Services	12,258	0	1,934	0	14,192	10.00
11.00	Home Health Aide	60,654	0	13,401	0	74,055	11.00
12.00	Supplies (see instructions)	0	0	0	27,307	35,132	12.00
13.00	Drugs	1,650	0	151	216,839	75	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	585,311	0	8,526	277,821	6,735	23.00
24.00	Total (sum of lines 1-23)	2,443,746	0	161,342	583,125	104,918	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	18,834	0	18,834		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	749,325	-12,726	736,599		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	614,282	0	614,282		6.00
7.00	Physical Therapy	0	460,339	0	460,339		7.00
8.00	Occupational Therapy	0	190,123	0	190,123		8.00
9.00	Speech Pathology	0	12,434	0	12,434		9.00
10.00	Medical Social Services	0	14,192	0	14,192		10.00
11.00	Home Health Aide	0	74,055	0	74,055		11.00
12.00	Supplies (see instructions)	0	62,439	0	62,439		12.00
13.00	Drugs	0	218,715	0	218,715		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	878,393	0	878,393		23.00
24.00	Total (sum of lines 1-23)	0	3,293,131	-12,726	3,280,405		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part I Date/Time Prepared: 5/29/2014 10:31 am
		HHA CCN: 157124	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	18,834		18,834		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	736,599	0	18,834	0	755,433	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	614,282	0	0	0	614,282	6.00
7.00	Physical Therapy	460,339	0	0	0	460,339	7.00
8.00	Occupational Therapy	190,123	0	0	0	190,123	8.00
9.00	Speech Pathology	12,434	0	0	0	12,434	9.00
10.00	Medical Social Services	14,192	0	0	0	14,192	10.00
11.00	Home Health Aide	74,055	0	0	0	74,055	11.00
12.00	Supplies (see instructions)	62,439	0	0	0	62,439	12.00
13.00	Drugs	218,715	0	0	0	218,715	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	878,393	0	0	0	878,393	23.00
24.00	Total (sum of lines 1-23)	3,280,405	0	18,834	0	3,280,405	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	755,433					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	183,784	798,066				6.00
7.00	Physical Therapy	137,727	598,066				7.00
8.00	Occupational Therapy	56,882	247,005				8.00
9.00	Speech Pathology	3,720	16,154				9.00
10.00	Medical Social Services	4,246	18,438				10.00
11.00	Home Health Aide	22,156	96,211				11.00
12.00	Supplies (see instructions)	18,681	81,120				12.00
13.00	Drugs	65,436	284,151				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	262,801	1,141,194				23.00
24.00	Total (sum of lines 1-23)		3,280,405				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part II Date/Time Prepared: 5/29/2014 10:31 am
		HHA CCN: 157124	Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		18,834		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	18,834	0	0	-755,433	2,524,972 5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	614,282	6.00
7.00	Physical Therapy	0	0	0	0	460,339	7.00
8.00	Occupational Therapy	0	0	0	0	190,123	8.00
9.00	Speech Pathology	0	0	0	0	12,434	9.00
10.00	Medical Social Services	0	0	0	0	14,192	10.00
11.00	Home Health Aide	0	0	0	0	74,055	11.00
12.00	Supplies (see instructions)	0	0	0	0	62,439	12.00
13.00	Drugs	0	0	0	0	218,715	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	878,393	23.00
24.00	Total (sum of lines 1-23)	0	18,834	0	0	-755,433	2,524,972 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	18,834	0	0		755,433 25.00
26.00	Unit Cost Multiplier	0.000000	1.000000	0.000000	0.000000		0.299185 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150109

Period:

Worksheet H-2

HHA CCN: 157124

From 01/01/2013

Part I

To 12/31/2013

Date/Time Prepared:

Home Health Agency I

5/29/2014 10:31 am

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	MGMT INFO SYSTEMS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	0	0	995,597	0	43,010	1.00
2.00 Skilled Nursing Care	798,066	0	0	0	0	0	2.00
3.00 Physical Therapy	598,066	0	0	0	0	0	3.00
4.00 Occupational Therapy	247,005	0	0	0	0	0	4.00
5.00 Speech Pathology	16,154	0	0	0	0	0	5.00
6.00 Medical Social Services	18,438	0	0	0	0	0	6.00
7.00 Home Health Aide	96,211	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	81,120	0	0	0	0	0	8.00
9.00 Drugs	284,151	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	1,141,194	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	3,280,405	0	0	995,597	0	43,010	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5.05	5A.05	5.06	7.00	
1.00 Administrative and General	3,050	5,428	27,440	1,074,525	202,603	0	1.00
2.00 Skilled Nursing Care	0	0	0	798,066	150,476	0	2.00
3.00 Physical Therapy	0	0	0	598,066	112,766	0	3.00
4.00 Occupational Therapy	0	0	0	247,005	46,573	0	4.00
5.00 Speech Pathology	0	0	0	16,154	3,046	0	5.00
6.00 Medical Social Services	0	0	0	18,438	3,477	0	6.00
7.00 Home Health Aide	0	0	0	96,211	18,141	0	7.00
8.00 Supplies (see instructions)	0	0	0	81,120	15,295	0	8.00
9.00 Drugs	0	0	0	284,151	53,577	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	1,141,194	215,172	0	19.00
20.00 Total (sum of lines 1-19) (2)	3,050	5,428	27,440	4,354,930	821,126	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150109

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

Worksheet H-2 Part I

HHA CCN: 157124

Date/Time Prepared: 5/29/2014 10:31 am

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	141,503	320,459	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	141,503	320,459	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		15.00	16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	0	24,629	0	1,763,719	0	1,763,719	1.00
2.00	Skilled Nursing Care	0	0	0	948,542	0	948,542	2.00
3.00	Physical Therapy	0	0	0	710,832	0	710,832	3.00
4.00	Occupational Therapy	0	0	0	293,578	0	293,578	4.00
5.00	Speech Pathology	0	0	0	19,200	0	19,200	5.00
6.00	Medical Social Services	0	0	0	21,915	0	21,915	6.00
7.00	Home Health Aide	0	0	0	114,352	0	114,352	7.00
8.00	Supplies (see instructions)	0	0	0	96,415	0	96,415	8.00
9.00	Drugs	0	0	0	337,728	0	337,728	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	1,356,366	0	1,356,366	19.00
20.00	Total (sum of lines 1-19) (2)	0	24,629	0	5,662,647	0	5,662,647	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part I Date/Time Prepared: 5/29/2014 10:31 am
		HHA CCN: 157124	Home Health Agency I	PPS

Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Skilled Nursing Care	429,082	1,377,624		2.00
3.00	Physical Therapy	321,552	1,032,384		3.00
4.00	Occupational Therapy	132,803	426,381		4.00
5.00	Speech Pathology	8,685	27,885		5.00
6.00	Medical Social Services	9,913	31,828		6.00
7.00	Home Health Aide	51,728	166,080		7.00
8.00	Supplies (see instructions)	43,614	140,029		8.00
9.00	Drugs	152,775	490,503		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	613,567	1,969,933		19.00
20.00	Total (sum of lines 1-19) (2)	1,763,719	5,662,647		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.452360			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150109
HHA CCN: 157124

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

Worksheet H-2 Part II
Date/Time Prepared: 5/29/2014 10:31 am
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	PURCHASING (COSTED REQUIREMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	0	0	2,443,309	0	79,624	69,945	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	2,443,309	0	79,624	69,945	20.00
21.00 Total cost to be allocated	0	0	995,597	0	43,010	3,050	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.407479	0.000000	0.540164	0.043606	22.00
Cost Center Description	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5.05	5A.06	5.06	7.00	8.00	
1.00 Administrative and General	6,232,044	6,232,044	0	1,074,525	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	798,066	0	0	2.00
3.00 Physical Therapy	0	0	0	598,066	0	0	3.00
4.00 Occupational Therapy	0	0	0	247,005	0	0	4.00
5.00 Speech Pathology	0	0	0	16,154	0	0	5.00
6.00 Medical Social Services	0	0	0	18,438	0	0	6.00
7.00 Home Health Aide	0	0	0	96,211	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	81,120	0	0	8.00
9.00 Drugs	0	0	0	284,151	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	1,141,194	0	0	19.00
20.00 Total (sum of lines 1-19)	6,232,044	6,232,044	0	4,354,930	0	0	20.00
21.00 Total cost to be allocated	5,428	27,440	0	821,126	0	0	21.00
22.00 Unit cost multiplier	0.000871	0.004403	0	0.188551	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150109 HHA CCN: 157124		Period: From 01/01/2013 To 12/31/2013		Worksheet H-2 Part II Date/Time Prepared: 5/29/2014 10:31 am PPS		
Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	79,624	79,623	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	79,624	79,623	0	0	20.00
21.00	Total cost to be allocated	0	0	141,503	320,459	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.777140	4.024704	0.000000	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)					
		16.00	17.00					
1.00	Administrative and General	6,232,044	0					1.00
2.00	Skilled Nursing Care	0	0					2.00
3.00	Physical Therapy	0	0					3.00
4.00	Occupational Therapy	0	0					4.00
5.00	Speech Pathology	0	0					5.00
6.00	Medical Social Services	0	0					6.00
7.00	Home Health Aide	0	0					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
20.00	Total (sum of lines 1-19)	6,232,044	0					20.00
21.00	Total cost to be allocated	24,629	0					21.00
22.00	Unit cost multiplier	0.003952	0.000000					22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/29/2014 10:31 am		
				HHA CCN: 157124	Title XVIII	Home Health Agency I PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,377,624		1,377,624	7,054	195.30	1.00
2.00	Physical Therapy	3.00	1,032,384	0	1,032,384	4,436	232.73	2.00
3.00	Occupational Therapy	4.00	426,381	0	426,381	1,397	305.21	3.00
4.00	Speech Pathology	5.00	27,885	0	27,885	119	234.33	4.00
5.00	Medical Social Services	6.00	31,828		31,828	141	225.73	5.00
6.00	Home Health Aide	7.00	166,080		166,080	1,997	83.16	6.00
7.00	Total (sum of lines 1-6)		3,062,182	0	3,062,182	15,144		7.00
Program Visits								
Part B								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		29140	2,480	2,525			8.00
9.00	Physical Therapy		29140	1,374	1,834			9.00
10.00	Occupational Therapy		29140	506	565			10.00
11.00	Speech Pathology		29140	32	61			11.00
12.00	Medical Social Services		29140	41	63			12.00
13.00	Home Health Aide		29140	628	1,021			13.00
14.00	Total (sum of lines 8-13)			5,061	6,069			14.00
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	140,029	0	140,029	0	0.000000	15.00
16.00	Cost of Drugs	9.00	490,503	0	490,503	0	0.000000	16.00
Program Visits								
Part B								
Cost Center Description	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,480	2,525		484,344	493,133		1.00
2.00	Physical Therapy	1,374	1,834		319,771	426,827		2.00
3.00	Occupational Therapy	506	565		154,436	172,444		3.00
4.00	Speech Pathology	32	61		7,499	14,294		4.00
5.00	Medical Social Services	41	63		9,255	14,221		5.00
6.00	Home Health Aide	628	1,021		52,224	84,906		6.00
7.00	Total (sum of lines 1-6)	5,061	6,069		1,027,529	1,205,825		7.00
Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150109 HHA CCN: 157124		Period: From 01/01/2013 To 12/31/2013		Worksheet H-3 Part I Date/Time Prepared: 5/29/2014 10:31 am		
				Title XVIII		Home Health Agency I		
Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies						15.00	
16.00	Cost of Drugs		0			0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	977,477					1.00	
2.00	Physical Therapy	746,598					2.00	
3.00	Occupational Therapy	326,880					3.00	
4.00	Speech Pathology	21,793					4.00	
5.00	Medical Social Services	23,476					5.00	
6.00	Home Health Aide	137,130					6.00	
7.00	Total (sum of lines 1-6)	2,233,354					7.00	
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part II Date/Time Prepared: 5/29/2014 10:31 am
		HHA CCN: 157124	Title XVIII	Home Health Agency I PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.687829	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy			0	0	col. 2, line 2.00 2.00
3.00	Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.177398	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.232267	0	0	col. 2, line 16.00 5.00
5.01	Cost of Drugs 1	73.01	1.869869	0	0	col. 2, line 16.01 5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150109 HHA CCN: 157124	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2014 10:31 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		745,843	955,585
12.00	Total PPS Reimbursement - Full Episodes with Outliers		5,686	9,686
13.00	Total PPS Reimbursement - LUPA Episodes		12,728	10,440
14.00	Total PPS Reimbursement - PEP Episodes		5,043	12,127
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		1,030	2,391
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		770,330	990,229
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		770,330	990,229
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		770,330	990,229
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		770,330	990,229
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		770,330	990,229
31.01	Sequestration adjustment (see instructions)		10,603	15,457
32.00	Interim payments (see instructions)		759,727	974,772
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet H-5
	HHA CCN: 157124	Home Health Agency I	Date/Time Prepared: 5/29/2014 10:31 am 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		759,727		974,772	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		759,727		974,772	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		759,727		974,772	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor			01001		8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150109	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/29/2014 10:31 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,052,113	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		229,543	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)		86.27	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)		3.14	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.78	8.00
9.00	Sum of lines 7 and 8		31.92	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.67	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		136,876	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,418,532	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