

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: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/28/2014 11:34 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/28/2014 Time: 11:34 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by LAPORTE HOSPITAL (150006) 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)

 VICE PRESIDENT OF FINANCE
 Title

 05/28/2014
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-134,397	67,178	-153,617	0	1.00
2.00 Subprovider - IPF	0	708	339		0	2.00
3.00 Subprovider - IRF	0	4,954	54		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	-3,362	0		0	7.00
200.00 Total	0	-132,097	67,571	-153,617	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: 150006		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 9:57 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: STATE & MADISON STREETS			PO Box: 250				1.00				
2.00	City: LAPORTE			State: IN		Zip Code: 46350-		County: LAPORTE				
		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			LAPORTE HOSPITAL	150006	43780	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF			LAPORTE PSYCH UNIT	15S006	43780	4	01/01/2011	N	P	O	4.00
5.00	Subprovider - IRF			LAPORTE REHAB UNIT	15T006	43780	5	01/01/1987	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			LAPORTE SKILLED NURSING FACILITY	155297	43780		06/01/1987	N	P	O	9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2013	12/31/2013		20.00		
21.00	Type of Control (see instructions)						2		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,777	133	0	36	2,101	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			31	0	0	0	0	0	25.00		
							Urban/Rural S	Date of Geogr				
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1		26.00			
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1		27.00			
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00			

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	N	0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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

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		V 1.00		XIX 2.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
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		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1		118.00
		Premiums		Losses		Insurance
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	266,818		0		0
				1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N		118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.			N		N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y		121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y	15H059	

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: INDIANA UNIVERSITY HEALTH	Contractor's Name: WPS		Contractor's Number: 08101			
142.00	Street: 340 W. 10TH STREET	PO Box:					
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202				
					1.00		
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00	
					1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
					1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
					1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75	169.00	
					Begining	Ending	
					1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				10/01/2012	09/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 9:57 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		N
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	04/21/2014	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: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 9:57 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
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.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG	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)	04/21/2014	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)		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.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150006

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 9:57 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	104	37,960	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)		104	37,960	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		124	45,260	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	1,017		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	55	20,075		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		199				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: 150006

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 9:57 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)	8,336	1,404	14,972			1.00
2.00 HMO and other (see instructions)	1,324	2,101				2.00
3.00 HMO IPF Subprovider	25	0				3.00
4.00 HMO IRF Subprovider	15	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)	8,336	1,404	14,972			7.00
8.00 INTENSIVE CARE UNIT	2,133	404	4,308			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		138	1,470			13.00
14.00 Total (see instructions)	10,469	1,946	20,750	0.00	986.49	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,083	0	2,722	0.00	15.65	16.00
17.00 SUBPROVIDER - IRF	259	31	348	0.00	2.64	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	7,061	0	16,044	0.00	52.52	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,057.30	27.00
28.00 Observation Bed Days		562	3,864			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			329			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	613			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: 150006

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 9:57 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,355	707	5,072	1.00
2.00 HMO and other (see instructions)			264			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,355	707	5,072	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	156	0	527	16.00
17.00 SUBPROVIDER - IRF	0.00	0	29	0	39	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						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: 150006

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2014 9:57 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	59,572,374	0	59,572,374	2,199,225.00	27.09
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	2,258,882	0	2,258,882	109,244.00	20.68
10.00	Excluded area salaries (see instructions)		4,886,164	411,140	5,297,304	200,542.00	26.41
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		0	0	0	0.00	0.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		178,320	0	178,320	1,334.00	133.67
14.00	Home office salaries & wage-related costs		3,085,919	0	3,085,919	61,792.00	49.94
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		14,476,441	0	14,476,441		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,959,728	0	1,959,728		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	630,665	0	630,665	21,186.00	29.77
27.00	Administrative & General	5.00	12,120,452	0	12,120,452	369,250.00	32.82
28.00	Administrative & General under contract (see inst.)		455,079	0	455,079	2,319.00	196.24
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,292,542	-21,329	1,271,213	61,583.00	20.64
31.00	Laundry & Linen Service	8.00	193,106	0	193,106	16,347.00	11.81
32.00	Housekeeping	9.00	919,415	3,801	923,216	68,748.00	13.43
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,418,871	-879,302	539,569	35,432.00	15.23
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	866,451	866,451	56,017.00	15.47
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,634,919	-359,288	1,275,631	37,804.00	33.74
39.00	Central Services and Supply	14.00	187,374	0	187,374	11,872.00	15.78
40.00	Pharmacy	15.00	1,799,438	-15,768	1,783,670	51,203.00	34.84
41.00	Medical Records & Medical Records Library	16.00	1,192,705	0	1,192,705	69,197.00	17.24

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150006

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2014 9:57 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	776,383	0	776,383	28,694.00	27.06	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: 150006

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2014 9:57 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)	60,027,453	0	60,027,453	2,201,544.00	27.27	1.00
2.00	Excluded area salaries (see instructions)	7,145,046	411,140	7,556,186	309,786.00	24.39	2.00
3.00	Subtotal salaries (line 1 minus line 2)	52,882,407	-411,140	52,471,267	1,891,758.00	27.74	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,264,239	0	3,264,239	63,126.00	51.71	4.00
5.00	Subtotal wage-related costs (see inst.)	14,476,441	0	14,476,441	0.00	27.59	5.00
6.00	Total (sum of lines 3 thru 5)	70,623,087	-411,140	70,211,947	1,954,884.00	35.92	6.00
7.00	Total overhead cost (see instructions)	22,620,949	-405,435	22,215,514	829,652.00	26.78	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2014 9:57 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)		1,573,958	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		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)		9,434,679	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		206,239	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		82,548	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)		153,083	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		335,113	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		4,479,767	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		74,090	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		96,692	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		16,436,169	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150006

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2014 9:57 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150006

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

Worksheet S-7

Date/Time Prepared:
5/28/2014 9:57 am

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	13	0	13 3.00
4.00		RUL	58	0	58 4.00
5.00		RVX	93	0	93 5.00
6.00		RVL	119	0	119 6.00
7.00		RHX	25	0	25 7.00
8.00		RHL	39	0	39 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	42	0	42 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	319	0	319 12.00
13.00		RUB	324	0	324 13.00
14.00		RUA	629	0	629 14.00
15.00		RVC	826	0	826 15.00
16.00		RVB	1,322	0	1,322 16.00
17.00		RVA	1,757	0	1,757 17.00
18.00		RHC	230	0	230 18.00
19.00		RHB	161	0	161 19.00
20.00		RHA	231	0	231 20.00
21.00		RMC	59	0	59 21.00
22.00		RMB	79	0	79 22.00
23.00		RMA	68	0	68 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	11	0	11 27.00
28.00		ES1	124	0	124 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	62	0	62 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	52	0	52 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	14	0	14 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	48	0	48 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	2	0	2 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	14	0	14 44.00
45.00		CE2	8	0	8 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	8	0	8 47.00
48.00		CD1	40	0	40 48.00
49.00		CC2	7	0	7 49.00
50.00		CC1	73	0	73 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	71	0	71 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	70	0	70 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150006

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

Worksheet S-7

Date/Time Prepared:
5/28/2014 9:57 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	11	0	11	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	16	0	16	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	31	0	31	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	5	0	5	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		7,061	0	7,061	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		43780	43780	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		9,833,171			207.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150006		Period: From 01/01/2013 To 12/31/2013		Worksheet A	
Date/Time Prepared: 5/28/2014 9:57 am							
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		8,376,469	0	8,376,469	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		8,862,449	0	8,862,449	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	630,665	17,268,139	4,981,428	22,880,232	4.00
5.01	00510	NONPATIENT TELEPHONES	221,790	44,447	266,237	249,898	5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	463,717	360,737	824,454	775,259	5.03
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE	1,547,699	2,464,506	4,012,205	3,897,504	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	9,887,246	12,545,347	22,432,593	21,782,755	5.06
7.00	00700	OPERATION OF PLANT	1,292,542	3,898,396	5,190,938	5,158,256	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	193,106	101,463	294,569	276,398	8.00
9.00	00900	HOUSEKEEPING	919,415	222,062	1,141,477	1,070,261	9.00
10.00	01000	DIETARY	1,418,871	1,260,803	2,679,674	986,910	10.00
11.00	01100	CAFETERIA	0	0	0	1,568,088	11.00
13.00	01300	NURSING ADMINISTRATION	1,634,919	576,839	2,211,758	1,766,279	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	187,374	281,708	469,082	5,806,518	14.00
15.00	01500	PHARMACY	1,799,438	5,088,963	6,888,401	1,908,366	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,192,705	327,274	1,519,979	1,431,213	16.00
17.00	01700	SOCIAL SERVICE	776,383	343,118	1,119,501	1,060,723	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,885,848	4,149,929	10,035,777	9,505,051	30.00
31.00	03100	INTENSIVE CARE UNIT	2,890,834	734,278	3,625,112	2,963,871	31.00
40.00	04000	SUBPROVIDER - IPF	788,019	344,724	1,132,743	1,067,460	40.00
41.00	04100	SUBPROVIDER - IRF	172,542	34,275	206,817	192,550	41.00
43.00	04300	NURSERY	0	0	0	421,595	43.00
44.00	04400	SKILLED NURSING FACILITY	2,258,882	1,714,129	3,973,011	3,102,543	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,401,113	11,773,921	16,175,034	8,196,982	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,672,495	296,223	1,968,718	676,371	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,799,865	1,608,713	3,408,578	2,854,949	54.00
54.01	05401	NUCLEAR MEDICINE	272,148	276,900	549,048	524,670	54.01
54.02	05402	ULTRASOUND	385,356	77,210	462,566	405,351	54.02
57.00	05700	CT SCAN	480,282	462,366	942,648	809,783	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	517,005	428,458	945,463	888,096	58.00
59.00	05900	CARDIAC CATHETERIZATION	690,564	2,290,325	2,980,889	988,722	59.00
60.00	06000	LABORATORY	2,031,762	3,815,783	5,847,545	5,550,072	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	41,265	751,192	792,457	790,757	62.00
65.00	06500	RESPIRATORY THERAPY	822,707	183,456	1,006,163	873,673	65.00
66.00	06600	PHYSICAL THERAPY	3,204,638	567,916	3,772,554	2,249,051	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	593,954	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	229,976	68.00
69.00	06900	ELECTROCARDIOLOGY	1,734,446	3,219,390	4,953,836	2,787,599	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,302,789	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,460,824	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,547,031	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	280,887	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	143,292	19,646	162,938	150,310	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	471,509	325,774	797,283	717,769	90.00
90.01	09001	DENTAL CLINIC	258,698	339,551	598,249	476,605	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	0	0	322,447	90.03
90.04	09004	INFUSION CENTER	266,841	59,613	326,454	270,737	90.04
91.00	09100	EMERGENCY	2,290,790	1,331,444	3,622,234	3,082,763	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	55,646,771	96,827,936	152,474,707	153,142,816	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.03	19001	PHYSICIAN RECRUITMENT	69,008	177,137	246,145	241,199	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	136,284	1,018,420	1,154,704	1,144,329	190.04
190.05	19003	SPORTS MEDICINE	0	0	0	344,724	190.05
190.06	19004	FOUNDATION	158,519	76,136	234,655	223,343	190.06
191.00	19100	RESEARCH	222,962	31,589	254,551	238,554	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	2,978,758	1,473,716	4,452,474	4,156,328	193.01
193.02	19302	WELLNESS CENTER	262,552	177,617	440,169	426,185	193.02
193.03	19303	RENTAL PROPERTIES	97,520	823,254	920,774	830,070	193.03
193.04	19304	STARKE HOSPITAL	0	0	0	-569,369	193.04
193.05	19306	NONPAID WORKERS	0	0	0	0	193.05
193.06	19305	VACANT	0	0	0	0	193.06
200.00		TOTAL (SUM OF LINES 118-199)	59,572,374	100,605,805	160,178,179	160,178,179	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150006

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

Worksheet A
Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-2,028,762	6,347,707	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	234,923	9,097,372	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,220,284	19,659,948	4.00
5.01	00510	NONPATIENT TELEPHONES	-36,012	213,886	5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	-8,425	766,834	5.03
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE	822,159	4,719,663	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	987,696	22,770,451	5.06
7.00	00700	OPERATION OF PLANT	915,966	6,074,222	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-5,229	271,169	8.00
9.00	00900	HOUSEKEEPING	68,563	1,138,824	9.00
10.00	01000	DIETARY	-15,824	971,086	10.00
11.00	01100	CAFETERIA	-725,094	842,994	11.00
13.00	01300	NURSING ADMINISTRATION	-254,801	1,511,478	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-24,499	5,782,019	14.00
15.00	01500	PHARMACY	-726,152	1,182,214	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-392,836	1,038,377	16.00
17.00	01700	SOCIAL SERVICE	-54,707	1,006,016	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,888,629	6,616,422	30.00
31.00	03100	INTENSIVE CARE UNIT	-76,575	2,887,296	31.00
40.00	04000	SUBPROVIDER - I PF	-276,512	790,948	40.00
41.00	04100	SUBPROVIDER - I RF	0	192,550	41.00
43.00	04300	NURSERY	0	421,595	43.00
44.00	04400	SKILLED NURSING FACILITY	-14,761	3,087,782	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,849,951	5,347,031	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,425	673,946	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-317,289	2,537,660	54.00
54.01	05401	NUCLEAR MEDICINE	0	524,670	54.01
54.02	05402	ULTRASOUND	0	405,351	54.02
57.00	05700	CT SCAN	0	809,783	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	888,096	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	988,722	59.00
60.00	06000	LABORATORY	-875,662	4,674,410	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	790,757	62.00
65.00	06500	RESPIRATORY THERAPY	-14,501	859,172	65.00
66.00	06600	PHYSICAL THERAPY	-97,494	2,151,557	66.00
67.00	06700	OCCUPATIONAL THERAPY	-15,110	578,844	67.00
68.00	06800	SPEECH PATHOLOGY	-3,332	226,644	68.00
69.00	06900	ELECTROCARDIOLOGY	-352,993	2,434,606	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,302,789	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,460,824	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,547,031	73.00
74.00	07400	RENAL DIALYSIS	0	280,887	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-3,688	146,622	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-174,148	543,621	90.00
90.01	09001	DENTAL CLINIC	-193,559	283,046	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03	09003	DIABETIC TRAINING	173	322,620	90.03
90.04	09004	INFUSION CENTER	0	270,737	90.04
91.00	09100	EMERGENCY	-732,770	2,349,993	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,352,544	139,790,272	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	241,199	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	0	1,144,329	190.04
190.05	19003	SPORTS MEDICINE	0	344,724	190.05
190.06	19004	FOUNDATION	0	223,343	190.06
191.00	19100	RESEARCH	0	238,554	191.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	0	4,156,328	193.01
193.02	19302	WELLNESS CENTER	0	426,185	193.02
193.03	19303	RENTAL PROPERTIES	0	830,070	193.03
193.04	19304	STARKE HOSPITAL	18,878,000	18,308,631	193.04
193.05	19306	NONPAID WORKERS	0	0	193.05
193.06	19305	VACANT	0	0	193.06
200.00		TOTAL (SUM OF LINES 118-199)	5,525,456	165,703,635	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MEDICAL SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,115,361	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
TOTALS			0	14,115,361	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,763,613	1.00
TOTALS			0	8,763,613	
C - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,460,824	1.00
TOTALS			0	4,460,824	
D - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,547,031	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
TOTALS			0	5,547,031	
E - LABOR & DELIVERY					
1.00	ADULTS & PEDIATRICS	30.00	603,931	16,618	1.00
2.00	NURSERY	43.00	410,305	11,290	2.00
TOTALS			1,014,236	27,908	

RECLASSIFICATIONS

Provider CCN: 150006

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

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
F - MEALS						
1.00	CAFETERIA	11.00	866,451	701,637		1.00
	TOTALS		866,451	701,637		
G - FRINGE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,388,272		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
	TOTALS		0	4,388,272		
H - THERAPY						
1.00	OCCUPATIONAL THERAPY	67.00	554,565	39,389		1.00
2.00	SPEECH PATHOLOGY	68.00	214,397	15,579		2.00
3.00	SPORTS MEDICINE	190.05	322,125	22,599		3.00
	TOTALS		1,091,087	77,567		
I - ADMIN OFFICES						
1.00	OPERATION OF PLANT	7.00	0	83,503		1.00
	TOTALS		0	83,503		
J - LAPORTE SUPERVISORS						
1.00	HOUSEKEEPING	9.00	3,801	0		1.00
2.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	1,277	0		2.00
3.00	RESPIRATORY THERAPY	65.00	21,731	0		3.00
4.00	ELECTROCARDIOLOGY	69.00	5,864	0		4.00
5.00	WELLNESS CENTER	193.02	8,718	0		5.00
6.00	STARKE HOSPITAL	193.04	80,297	0		6.00
7.00		0.00	0	0		7.00
	TOTALS		121,688	0		
K - STARKE BENEFIT EXPENSE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	649,666		1.00
	TOTALS		0	649,666		
L - DIABETIC ED						
1.00	DIABETIC TRAINING	90.03	359,288	30,148		1.00
	TOTALS		359,288	30,148		

RECLASSIFICATIONS

Provider CCN: 150006

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	M - RENAL DIALYSIS				
1.00	RENAL DIALYSIS	74.00	0	280,887	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	280,887	
500.00	Grand Total: Increases		3,452,750	39,126,417	500.00

RECLASSIFICATIONS

Provider CCN: 150006

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,405	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	106	0	2.00
3.00	PURCHASING, RECEIVING AND STORES	5.03	0	14,147	0	3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	3,234	0	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,092	0	5.00
6.00	OPERATION OF PLANT	7.00	0	988	0	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	3,914	0	7.00
8.00	HOUSEKEEPING	9.00	0	9,046	0	8.00
9.00	DIETARY	10.00	0	8,102	0	9.00
10.00	NURSING ADMINISTRATION	13.00	0	1,082	0	10.00
11.00	PHARMACY	15.00	0	51,334	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	57	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	441,422	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	323,323	0	14.00
15.00	SUBPROVIDER - IPF	40.00	0	7,052	0	15.00
16.00	SUBPROVIDER - IRF	41.00	0	1,553	0	16.00
17.00	SKILLED NURSING FACILITY	44.00	0	112,079	0	17.00
18.00	OPERATING ROOM	50.00	0	7,562,981	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	126,428	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	421,273	0	20.00
21.00	NUCLEAR MEDICINE	54.01	0	4,429	0	21.00
22.00	ULTRASOUND	54.02	0	28,679	0	22.00
23.00	CT SCAN	57.00	0	97,088	0	23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	18,759	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	1,940,481	0	25.00
26.00	LABORATORY	60.00	0	97,511	0	26.00
27.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	99	0	27.00
28.00	RESPIRATORY THERAPY	65.00	0	91,938	0	28.00
29.00	PHYSICAL THERAPY	66.00	0	101,921	0	29.00
30.00	ELECTROCARDIOLOGY	69.00	0	2,041,972	0	30.00
31.00	CARDIAC REHABILITATION	76.97	0	2,479	0	31.00
32.00	CLINIC	90.00	0	12,798	0	32.00
33.00	DENTAL CLINIC	90.01	0	90,471	0	33.00
34.00	DIABETIC TRAINING	90.03	0	3,525	0	34.00
35.00	INFUSION CENTER	90.04	0	35,794	0	35.00
36.00	EMERGENCY	91.00	0	367,911	0	36.00
37.00	FREESTANDING VNA & HOSPICE	193.01	0	78,750	0	37.00
38.00	WELLNESS CENTER	193.02	0	1,134	0	38.00
39.00	RENTAL PROPERTIES	193.03	0	4	0	39.00
	TOTALS		0	14,115,361		
B - BILLABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,763,613	0	1.00
	TOTALS		0	8,763,613		
C - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,460,824	0	1.00
	TOTALS		0	4,460,824		
D - DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	51,105	0	1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	208	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	418	0	3.00
4.00	PHARMACY	15.00	0	4,783,742	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	3,479	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,369	0	6.00
7.00	SKILLED NURSING FACILITY	44.00	0	592,435	0	7.00
8.00	OPERATING ROOM	50.00	0	90,195	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	8	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	61	0	10.00
11.00	CT SCAN	57.00	0	103	0	11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	142	0	13.00
14.00	LABORATORY	60.00	0	1,252	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	11	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	808	0	16.00
17.00	CLINIC	90.00	0	21,682	0	17.00
18.00	INFUSION CENTER	90.04	0	1	0	18.00

RECLASSIFICATIONS

Provider CCN: 150006

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

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		Decreases				
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.	
6.00		7.00	8.00	9.00	10.00	
TOTALS			0	5,547,031		
E - LABOR & DELIVERY						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,014,236	27,908	0	1.00
2.00		0.00	0	0	0	2.00
TOTALS			1,014,236	27,908		
F - MEALS						
1.00	DIETARY	10.00	866,451	701,637	0	1.00
TOTALS			866,451	701,637		
G - FRINGE BENEFITS						
1.00	NONPATIENT TELEPHONES	5.01	0	16,233	0	1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	34,840	0	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	111,467	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	643,746	0	4.00
5.00	OPERATION OF PLANT	7.00	0	93,868	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	14,257	0	6.00
7.00	HOUSEKEEPING	9.00	0	65,971	0	7.00
8.00	DIETARY	10.00	0	103,723	0	8.00
9.00	NURSING ADMINISTRATION	13.00	0	54,961	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,894	0	10.00
11.00	PHARMACY	15.00	0	129,191	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	88,709	0	12.00
13.00	SOCIAL SERVICE	17.00	0	58,778	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	516,403	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	0	212,087	0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	58,231	0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	12,714	0	17.00
18.00	SKILLED NURSING FACILITY	44.00	0	165,954	0	18.00
19.00	OPERATING ROOM	50.00	0	324,876	0	19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	123,767	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	132,295	0	21.00
22.00	NUCLEAR MEDICINE	54.01	0	19,949	0	22.00
23.00	ULTRASOUND	54.02	0	28,536	0	23.00
24.00	CT SCAN	57.00	0	35,674	0	24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	38,596	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	51,544	0	26.00
27.00	LABORATORY	60.00	0	181,764	0	27.00
28.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	2,878	0	28.00
29.00	RESPIRATORY THERAPY	65.00	0	62,283	0	29.00
30.00	PHYSICAL THERAPY	66.00	0	233,993	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	0	129,321	0	31.00
32.00	CARDIAC REHABILITATION	76.97	0	10,149	0	32.00
33.00	CLINIC	90.00	0	45,034	0	33.00
34.00	DENTAL CLINIC	90.01	0	31,173	0	34.00
35.00	DIABETIC TRAINING	90.03	0	63,464	0	35.00
36.00	INFUSION CENTER	90.04	0	19,922	0	36.00
37.00	EMERGENCY	91.00	0	169,236	0	37.00
38.00	PHYSICIAN RECRUITMENT	190.03	0	4,946	0	38.00
39.00	MARKETING / PUBLIC RELATIONS	190.04	0	10,375	0	39.00
40.00	FOUNDATION	190.06	0	11,312	0	40.00
41.00	RESEARCH	191.00	0	15,997	0	41.00
42.00	FREESTANDING VNA & HOSPICE	193.01	0	217,396	0	42.00
43.00	WELLNESS CENTER	193.02	0	21,568	0	43.00
44.00	RENTAL PROPERTIES	193.03	0	7,197	0	44.00
TOTALS			0	4,388,272		
H - THERAPY						
1.00	PHYSICAL THERAPY	66.00	1,091,087	77,567	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
TOTALS			1,091,087	77,567		
I - ADMIN OFFICES						
1.00	RENTAL PROPERTIES	193.03	0	83,503	0	1.00
TOTALS			0	83,503		
J - LAPORTE SUPERVISORS						
1.00	OPERATION OF PLANT	7.00	21,329	0	0	1.00
2.00	DIETARY	10.00	12,851	0	0	2.00
3.00	PHARMACY	15.00	15,768	0	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	33,546	0	0	4.00
5.00	LABORATORY	60.00	16,946	0	0	5.00
6.00	PHYSICAL THERAPY	66.00	18,924	0	0	6.00

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.	
	6.00	7.00	8.00	9.00	10.00		
7.00	EMERGENCY	91.00	2,324	0	0	0	7.00
	TOTALS		121,688	0			
K - STARKE BENEFIT EXPENSE							
1.00	STARKE HOSPITAL	193.04	0	649,666	0	0	1.00
	TOTALS		0	649,666			
L - DIABETIC ED							
1.00	NURSING ADMINISTRATION	13.00	359,288	30,148	0	0	1.00
	TOTALS		359,288	30,148			
M - RENAL DIALYSIS							
1.00	ADULTS & PEDIATRICS	30.00	0	189,971	0	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	90,916	0	0	2.00
	TOTALS		0	280,887			
500.00	Grand Total: Decreases		3,452,750	39,126,417			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2014 9:57 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	5,343,962	53,500	0	53,500	0	1.00
2.00	Land Improvements	2,443,538	0	0	0	387,694	2.00
3.00	Buildings and Fixtures	44,368,649	0	0	0	0	3.00
4.00	Building Improvements	71,015,971	1,185,156	0	1,185,156	3,137,360	4.00
5.00	Fixed Equipment	0	2,448,981	0	2,448,981	1,755,506	5.00
6.00	Movable Equipment	86,731,435	1,356,651	0	1,356,651	1,061,991	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	209,903,555	5,044,288	0	5,044,288	6,342,551	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	209,903,555	5,044,288	0	5,044,288	6,342,551	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,397,462	0				1.00
2.00	Land Improvements	2,055,844	0				2.00
3.00	Buildings and Fixtures	44,368,649	0				3.00
4.00	Building Improvements	69,063,767	0				4.00
5.00	Fixed Equipment	693,475	0				5.00
6.00	Movable Equipment	87,026,095	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	208,605,292	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	208,605,292	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2014 9:57 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	4,672,132	2,224,217	1,480,120	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	8,068,692	793,757	0	0	0	2.00
3.00	Total (sum of lines 1-2)	12,740,824	3,017,974	1,480,120	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	8,376,469				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	8,862,449				2.00
3.00	Total (sum of lines 1-2)	0	17,238,918				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150006

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2014 9:57 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	121,579,197	0	121,579,197	0.582819	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	87,026,095	0	87,026,095	0.417181	0	2.00
3.00	Total (sum of lines 1-2)	208,605,292	0	208,605,292	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	3,192,012	2,224,217	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	8,068,692	793,757	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,260,704	3,017,974	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	931,478	0	0	0	6,347,707	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	234,923	0	0	0	9,097,372	2.00
3.00	Total (sum of lines 1-2)	1,166,401	0	0	0	15,445,079	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150006

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

Worksheet A-8

Date/Time Prepared:
5/28/2014 9:57 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	-1,480,120	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-9,141,032			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	5,260,192			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant				0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
33.00 STARKE HOSPITAL	A	18,878,000	STARKE HOSPITAL		193.04	0	33.00
35.00 FI CARRYFORWARD 1990 ASSETS	A	-3,311	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	35.00
36.00 FI CARRYFORWARD 1993 ASSETS	A	-5,020	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	36.00
37.00 FI CARRYFORWARD 1994 ASSETS	A	-1,615	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	37.00
38.00 FI CARRYFORWARD 1994	A	1,820	NEW CAP REL COSTS-MVBLE EQUIP		2.00	11	38.00
39.00 LRPN HEALTH INSURANCE	A	-4,173,434	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	39.00
40.00 SURGICARE HEALTH INSURANCE	A	-125,163	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	40.00
41.00 MISC / NON PATIENT INCOME	B	-538,696	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	41.00
42.00 MISC / NON PATIENT INCOME	B	-36,012	NONPATIENT TELEPHONES		5.01	0	42.00
43.00 MISC / NON PATIENT INCOME	B	-138	CASHIERING/ACCOUNTS RECEIVABLE		5.04	0	43.00
44.00 MISC / NON PATIENT INCOME	B	-901,903	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	44.00
45.00 MISC / NON PATIENT INCOME	B	-9,600	OPERATION OF PLANT		7.00	0	45.00
45.01 MISC / NON PATIENT INCOME	B	-5,229	LAUNDRY & LINEN SERVICE		8.00	0	45.01
45.02 MISC / NON PATIENT INCOME	B	-69,654	HOUSEKEEPING		9.00	0	45.02
45.03 MISC / NON PATIENT INCOME	B	-15,824	DIETARY		10.00	0	45.03
45.04 MISC / NON PATIENT INCOME	B	-744,443	CAFETERIA		11.00	0	45.04
45.05 MISC / NON PATIENT INCOME	B	-24,499	CENTRAL SERVICES & SUPPLY		14.00	0	45.05
45.06 MISC / NON PATIENT INCOME	B	-726,152	PHARMACY		15.00	0	45.06
45.07 MISC / NON PATIENT INCOME	B	-392,836	MEDICAL RECORDS & LIBRARY		16.00	0	45.07
45.08 MISC / NON PATIENT INCOME	B	-1,407	SOCIAL SERVICE		17.00	0	45.08
45.09 MISC / NON PATIENT INCOME	B	-186	ADULTS & PEDIATRICS		30.00	0	45.09
45.10 MISC / NON PATIENT INCOME	B	-2,425	DELIVERY ROOM & LABOR ROOM		52.00	0	45.10
45.11 MISC / NON PATIENT INCOME	B	-97,426	PHYSICAL THERAPY		66.00	0	45.11
45.12 MISC / NON PATIENT INCOME	B	-15,110	OCCUPATIONAL THERAPY		67.00	0	45.12
45.13 MISC / NON PATIENT INCOME	B	-3,332	SPEECH PATHOLOGY		68.00	0	45.13
45.14 MISC / NON PATIENT INCOME	B	-78,428	ELECTROCARDIOLOGY		69.00	0	45.14
45.15 MISC / NON PATIENT INCOME	B	-3,688	CARDIAC REHABILITATION		76.97	0	45.15
45.16 MISC/NON PATIENT INCOME	B	-6,000	CLINIC		90.00	0	45.16
45.17 MISC / NON PATIENT INCOME	B	-6,000	DENTAL CLINIC		90.01	0	45.17
45.18 MISC / NON PATIENT INCOME	B	173	DIABETIC TRAINING		90.03	0	45.18
45.19 LOBBYING EXPENSE	A	-6,046	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	45.19
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		5,525,456					50.00

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

Provider CCN: 150006

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2014 9:57 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	ALLOCATION FROM HO REPORT	1,434,141	1,434,141 1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	ALLOCATION FROM HO REPORT	233,103	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	ALLOCATION FROM HO REPORT	1,360,560	282,247 3.00
4.00	5.03	PURCHASING, RECEIVING AND ST	ALLOCATION FROM HO REPORT	3,575	12,000 4.00
4.01	5.04	CASHIERING/ACCOUNTS RECEIVAB	ALLOCATION FROM HO REPORT	822,297	0 4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	ALLOCATION FROM HO REPORT	3,927,144	1,875,372 4.02
4.03	7.00	OPERATION OF PLANT	ALLOCATION FROM HO REPORT	925,566	0 4.03
4.04	9.00	HOUSEKEEPING	ALLOCATION FROM HO REPORT	138,217	0 4.04
4.05	11.00	CAFETERIA	ALLOCATION FROM HO REPORT	19,349	0 4.05
4.06	13.00	NURSING ADMINISTRATION	ALLOCATION FROM HO REPORT	31,193	31,193 4.06
4.07	15.00	PHARMACY	ALLOCATION FROM HO REPORT	16,339	16,339 4.07
4.08	59.00	CARDIAC CATHETERIZATION	ALLOCATION FROM HO REPORT	4,961	4,961 4.08
4.09	69.00	ELECTROCARDIOLOGY	ALLOCATION FROM HO REPORT	4,961	4,961 4.09
5.00	0		0	8,921,406	3,661,214 5.00

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

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

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

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

6.00	B	IU HEALTH	100.00	IU HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150006

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2014 9:57 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	0	11		1.00
2.00	233,103	11		2.00
3.00	1,078,313	0		3.00
4.00	-8,425	0		4.00
4.01	822,297	0		4.01
4.02	2,051,772	0		4.02
4.03	925,566	0		4.03
4.04	138,217	0		4.04
4.05	19,349	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
5.00	5,260,192			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	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150006

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2014 9:57 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 ADMINISTRATIVE AND GENERAL	156,127	156,127	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	258,950	253,550	5,400	159,800	54	2.00
3.00	17.00	SOCIAL SERVICE	53,300	53,300	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	2,903,652	2,826,252	77,400	142,500	222	4.00
5.00	31.00	INTENSIVE CARE UNIT	76,575	76,575	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	276,512	276,512	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	18,475	0	18,475	159,800	443	7.00
8.00	44.00	SKILLED NURSING FACILITY	40,114	7,114	33,000	159,800	330	8.00
9.00	50.00	OPERATING ROOM	2,849,951	2,849,951	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	317,289	317,289	0	0	0	10.00
11.00	60.00	LABORATORY	893,102	857,237	35,865	159,800	227	11.00
12.00	65.00	RESPIRATORY THERAPY	14,501	14,501	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	683	0	683	159,800	8	13.00
14.00	69.00	ELECTROCARDIOLOGY	279,796	272,299	7,497	217,600	50	14.00
15.00	90.00	CLINIC	168,148	168,148	0	0	0	15.00
16.00	90.01	DENTAL CLINIC	187,559	187,559	0	0	0	16.00
17.00	91.00	EMERGENCY	732,770	732,770	0	0	0	17.00
200.00			9,227,504	9,049,184	178,320		1,334	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 ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	4,149	207	0	0	0	2.00
3.00	17.00	SOCIAL SERVICE	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	15,209	760	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	34,034	1,702	0	0	0	7.00
8.00	44.00	SKILLED NURSING FACILITY	25,353	1,268	0	0	0	8.00
9.00	50.00	OPERATING ROOM	0	0	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	17,440	872	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	615	31	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	5,231	262	0	0	0	14.00
15.00	90.00	CLINIC	0	0	0	0	0	15.00
16.00	90.01	DENTAL CLINIC	0	0	0	0	0	16.00
17.00	91.00	EMERGENCY	0	0	0	0	0	17.00
200.00			102,031	5,102	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 ADMINISTRATIVE AND GENERAL	0	0	0	156,127		1.00
2.00	13.00	NURSING ADMINISTRATION	0	4,149	1,251	254,801		2.00
3.00	17.00	SOCIAL SERVICE	0	0	0	53,300		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	15,209	62,191	2,888,443		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	76,575		5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	276,512		6.00
7.00	41.00	SUBPROVIDER - IRF	0	34,034	0	0		7.00
8.00	44.00	SKILLED NURSING FACILITY	0	25,353	7,647	14,761		8.00
9.00	50.00	OPERATING ROOM	0	0	0	2,849,951		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	317,289		10.00
11.00	60.00	LABORATORY	0	17,440	18,425	875,662		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	14,501		12.00
13.00	66.00	PHYSICAL THERAPY	0	615	68	68		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	5,231	2,266	274,565		14.00
15.00	90.00	CLINIC	0	0	0	168,148		15.00
16.00	90.01	DENTAL CLINIC	0	0	0	187,559		16.00
17.00	91.00	EMERGENCY	0	0	0	732,770		17.00
200.00			0	102,031	91,848	9,141,032		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	6,347,707	6,347,707			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	9,097,372		9,097,372		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	19,659,948	15,450	22,142	19,697,540	4.00
5.01 00510	NONPATIENT TELEPHONES	213,886	0	0	66,374	280,260 5.01
5.03 00512	PURCHASING, RECEIVING AND STORES	766,834	91,194	130,697	138,775	2,235 5.03
5.04 00513	CASHIERING/ACCOUNTS RECEIVABLE	4,719,663	21,057	30,179	463,174	21,601 5.04
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	22,770,451	264,918	379,673	2,958,911	80,074 5.06
7.00 00700	OPERATION OF PLANT	6,074,222	1,396,407	2,001,297	380,431	10,801 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	271,169	94,824	135,899	57,790	931 8.00
9.00 00900	HOUSEKEEPING	1,138,824	75,892	108,766	276,287	3,538 9.00
10.00 01000	DIETARY	971,086	89,396	128,120	161,475	2,607 10.00
11.00 01100	CAFETERIA	842,994	140,208	200,943	259,299	4,283 11.00
13.00 01300	NURSING ADMINISTRATION	1,511,478	65,870	94,403	381,753	2,980 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,782,019	58,431	83,742	56,075	2,048 14.00
15.00 01500	PHARMACY	1,182,214	44,682	64,036	533,792	7,821 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,038,377	57,172	81,938	356,936	7,076 16.00
17.00 01700	SOCIAL SERVICE	1,006,016	23,591	33,811	232,345	4,283 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,616,422	548,506	786,104	1,942,170	14,339 30.00
31.00 03100	INTENSIVE CARE UNIT	2,887,296	234,852	336,584	855,089	8,566 31.00
40.00 04000	SUBPROVIDER - I/PF	790,948	313,392	449,146	235,827	2,048 40.00
41.00 04100	SUBPROVIDER - I/RF	192,550	58,169	83,367	51,636	5,028 41.00
43.00 04300	NURSERY	421,595	96,017	137,609	122,790	1,676 43.00
44.00 04400	SKILLED NURSING FACILITY	3,087,782	468,641	671,645	676,007	6,890 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,347,031	526,664	754,801	1,317,103	18,436 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	673,946	154,056	220,789	196,995	2,607 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,537,660	257,315	368,778	538,638	12,663 54.00
54.01 05401	NUCLEAR MEDICINE	524,670	19,308	27,672	81,445	372 54.01
54.02 05402	ULTRASOUND	405,351	7,717	11,059	115,324	559 54.02
57.00 05700	CT SCAN	809,783	25,063	35,919	143,732	1,676 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	888,096	18,687	26,781	154,722	186 58.00
59.00 05900	CARDIAC CATHETERIZATION	988,722	97,374	139,554	206,662	0 59.00
60.00 06000	LABORATORY	4,674,410	126,639	181,495	602,966	7,449 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	790,757	9,989	14,316	12,731	931 62.00
65.00 06500	RESPIRATORY THERAPY	859,172	8,779	12,582	252,712	1,676 65.00
66.00 06600	PHYSICAL THERAPY	2,151,557	74,371	106,587	626,851	5,773 66.00
67.00 06700	OCCUPATIONAL THERAPY	578,844	19,488	27,930	165,962	1,490 67.00
68.00 06800	SPEECH PATHOLOGY	226,644	7,537	10,802	64,162	559 68.00
69.00 06900	ELECTROCARDIOLOGY	2,434,606	205,375	294,338	520,816	21,415 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,302,789	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	4,460,824	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,547,031	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	280,887	0	0	0	0 74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	146,622	0	0	42,882	1,304 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	543,621	0	0	141,107	186 90.00
90.01 09001	DENTAL CLINIC	283,046	0	0	77,420	186 90.01
90.02 09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0 90.02
90.03 09003	DIABETIC TRAINING	322,620	0	0	107,523	0 90.03
90.04 09004	INFUSION CENTER	270,737	85,260	122,192	79,856	1,304 90.04
91.00 09100	EMERGENCY	2,349,993	175,326	251,272	684,860	10,056 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	139,790,272	5,977,617	8,566,968	16,341,405	277,653 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,801	26,945	0	0 190.00
190.03 19001	PHYSICIAN RECRUITMENT	241,199	0	0	20,652	372 190.03
190.04 19002	MARKETING / PUBLIC RELATIONS	1,144,329	0	0	40,785	0 190.04
190.05 19003	SPORTS MEDICINE	344,724	11,313	16,214	96,401	931 190.05
190.06 19004	FOUNDATION	223,343	11,036	15,816	47,439	745 190.06
191.00 19100	RESEARCH	238,554	0	0	66,725	0 191.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01 19301	FREESTANDING VNA & HOSPICE	4,156,328	241,326	345,863	891,441	0 193.01
193.02 19302	WELLNESS CENTER	426,185	0	0	81,182	559 193.02
193.03 19303	RENTAL PROPERTIES	830,070	61,537	88,194	29,184	0 193.03
193.04 19304	STARKE HOSPITAL	18,308,631	0	0	2,082,326	0 193.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
193.05 19306 NONPAID WORKERS	0	0	0	0	0	193.05
193.06 19305 VACANT	0	26,077	37,372	0	0	193.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	165,703,635	6,347,707	9,097,372	19,697,540	280,260	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B
Part I
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Cost Center Description			PURCHASING, RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.03	5.04	5A.04	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES	1,129,735					5.03
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE	1,065	5,256,739				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	26,454,027	26,454,027		5.06
7.00	00700	OPERATION OF PLANT	12,046	0	9,875,204	1,876,052	11,751,256	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,321	0	563,934	107,134	244,434	8.00
9.00	00900	HOUSEKEEPING	4,884	0	1,608,191	305,518	195,632	9.00
10.00	01000	DIETARY	19,070	0	1,371,754	260,600	230,442	10.00
11.00	01100	CAFETERIA	29,915	0	1,477,642	280,717	361,425	11.00
13.00	01300	NURSING ADMINISTRATION	497	0	2,056,981	390,777	169,797	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	248,300	0	6,230,615	1,183,667	150,622	14.00
15.00	01500	PHARMACY	541	0	1,833,086	348,242	115,179	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	479	0	1,541,978	292,939	147,377	16.00
17.00	01700	SOCIAL SERVICE	142	0	1,300,188	247,005	60,814	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,950	323,885	10,233,376	1,944,096	1,413,926	30.00
31.00	03100	INTENSIVE CARE UNIT	726	125,825	4,448,938	845,191	605,396	31.00
40.00	04000	SUBPROVIDER - I/PF	98	45,560	1,837,019	348,990	807,855	40.00
41.00	04100	SUBPROVIDER - I/RF	11	5,351	396,112	75,252	149,948	41.00
43.00	04300	NURSERY	203	17,547	797,437	151,494	247,511	43.00
44.00	04400	SKILLED NURSING FACILITY	5,167	108,863	5,024,995	954,628	1,208,053	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,852	991,585	8,972,472	1,704,554	1,357,621	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	325	34,142	1,282,860	243,713	397,121	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,916	160,337	3,884,307	737,925	663,302	54.00
54.01	05401	NUCLEAR MEDICINE	6,654	41,102	701,223	133,216	49,772	54.01
54.02	05402	ULTRASOUND	113	67,330	607,453	115,401	19,892	54.02
57.00	05700	CT SCAN	2,976	262,414	1,281,563	243,466	64,606	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,912	136,466	1,227,850	233,262	48,170	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,970	215,242	1,650,524	313,560	251,009	59.00
60.00	06000	LABORATORY	65,160	581,701	6,239,820	1,185,416	326,446	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	33,188	23,141	885,053	168,139	25,750	62.00
65.00	06500	RESPIRATORY THERAPY	658	69,845	1,205,424	229,002	22,631	65.00
66.00	06600	PHYSICAL THERAPY	1,541	143,524	3,110,204	590,864	191,712	66.00
67.00	06700	OCCUPATIONAL THERAPY	404	44,697	838,815	159,355	50,235	67.00
68.00	06800	SPEECH PATHOLOGY	156	20,898	330,758	62,836	19,428	68.00
69.00	06900	ELECTROCARDIOLOGY	10,383	274,583	3,761,516	714,598	529,411	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	192,206	180,741	4,675,736	888,278	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	199,265	220,931	4,881,020	927,277	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	247,786	731,119	6,525,936	1,239,771	0	73.00
74.00	07400	RENAL DIALYSIS	0	21,188	302,075	57,387	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	95	10,398	201,301	38,242	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	484	17,766	703,164	133,584	0	90.00
90.01	09001	DENTAL CLINIC	242	19,143	380,037	72,198	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	37	1,728	431,908	82,052	0	90.03
90.04	09004	INFUSION CENTER	144	3,413	562,906	106,939	219,780	90.04
91.00	09100	EMERGENCY	1,132	286,319	3,758,958	714,112	451,950	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,123,014	5,186,784	135,454,360	20,707,449	10,797,247	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	45,746	8,691	48,465	190.00
190.03	19001	PHYSICIAN RECRUITMENT	2	0	262,225	49,816	0	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	259	0	1,185,373	225,192	0	190.04
190.05	19003	SPORTS MEDICINE	234	11,134	480,951	91,369	29,164	190.05
190.06	19004	FOUNDATION	0	0	298,379	56,685	28,447	190.06
191.00	19100	RESEARCH	59	0	305,338	58,007	0	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	5,399	58,821	5,699,178	1,082,707	622,085	193.01
193.02	19302	WELLNESS CENTER	701	0	508,627	96,627	0	193.02
193.03	19303	RENTAL PROPERTIES	67	0	1,009,052	191,696	158,629	193.03
193.04	19304	STARKE HOSPITAL	0	0	20,390,957	3,873,734	0	193.04
193.05	19306	NONPAID WORKERS	0	0	0	0	0	193.05
193.06	19305	VACANT	0	0	63,449	12,054	67,219	193.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B
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Cost Center Description	PURCHASING, RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5A.04	5.06	7.00	
202.00 TOTAL (sum lines 118-201)	1,129,735	5,256,739	165,703,635	26,454,027	11,751,256	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	915,502					8.00
9.00	00900	HOUSEKEEPING	6,778	2,116,119				9.00
10.00	01000	DIETARY	3,351	43,369	1,909,516			10.00
11.00	01100	CAFETERIA	6,432	68,020	0	2,194,236		11.00
13.00	01300	NURSING ADMINISTRATION	0	31,956	0	56,845	2,706,356	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	32,490	28,347	0	17,852	0	14.00
15.00	01500	PHARMACY	141	21,677	0	76,993	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	27,736	0	104,050	0	16.00
17.00	01700	SOCIAL SERVICE	0	11,445	0	43,146	22,157	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	230,693	266,101	780,352	362,563	805,426	30.00
31.00	03100	INTENSIVE CARE UNIT	83,193	113,936	162,274	138,494	305,157	31.00
40.00	04000	SUBPROVIDER - I/PF	9,318	152,039	130,083	48,946	94,744	40.00
41.00	04100	SUBPROVIDER - I/RF	4,364	28,220	17,171	8,243	18,898	41.00
43.00	04300	NURSERY	5,539	46,582	0	17,549	42,059	43.00
44.00	04400	SKILLED NURSING FACILITY	96,073	227,356	717,461	164,267	297,169	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	135,179	255,505	851	230,321	376,915	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,345	74,738	79,532	28,155	67,466	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,860	124,834	0	96,244	19,656	54.00
54.01	05401	NUCLEAR MEDICINE	0	9,367	0	9,063	0	54.01
54.02	05402	ULTRASOUND	0	3,744	0	12,580	0	54.02
57.00	05700	CT SCAN	0	12,159	0	25,119	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	666	9,066	0	23,767	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,657	47,240	0	28,204	46,988	59.00
60.00	06000	LABORATORY	49	61,437	0	135,425	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,846	0	2,132	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	4,259	0	44,166	0	65.00
66.00	06600	PHYSICAL THERAPY	24,174	36,080	0	113,733	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,860	9,454	0	29,911	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,433	3,656	0	11,581	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,230	99,635	0	80,010	50,685	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	504	0	0	8,545	7,430	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	30,374	34,096	90.00
90.01	09001	DENTAL CLINIC	0	0	0	19,617	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	0	0	16,178	16,075	90.03
90.04	09004	INFUSION CENTER	3,849	41,363	12,228	12,990	24,821	90.04
91.00	09100	EMERGENCY	148,043	85,057	9,564	120,337	197,691	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	892,221	1,949,224	1,909,516	2,117,400	2,427,433	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,121	0	0	0	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	3,137	0	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	0	6,613	0	190.04
190.05	19003	SPORTS MEDICINE	4,564	5,489	0	17,360	0	190.05
190.06	19004	FOUNDATION	0	5,354	0	10,517	0	190.06
191.00	19100	RESEARCH	0	0	0	9,395	23,132	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	0	117,077	0	0	255,791	193.01
193.02	19302	WELLNESS CENTER	18,717	0	0	23,402	0	193.02
193.03	19303	RENTAL PROPERTIES	0	29,854	0	6,412	0	193.03
193.04	19304	STARKE HOSPITAL	0	0	0	0	0	193.04
193.05	19306	NONPAID WORKERS	0	0	0	0	0	193.05
193.06	19305	VACANT	0	0	0	0	0	193.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	915,502	2,116,119	1,909,516	2,194,236	2,706,356	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

Worksheet B
Part I
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
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	NONPATIENT TELEPHONES					5.01
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,643,593				14.00
15.00	01500	PHARMACY	5,653	2,400,971			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31	0	2,114,111		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,684,755	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	247,476	0	130,273	657,040	17,071,322
31.00	03100	INTENSIVE CARE UNIT	157,253	0	50,610	177,864	7,088,306
40.00	04000	SUBPROVIDER - I PF	3,774	0	18,325	112,383	3,563,476
41.00	04100	SUBPROVIDER - I RF	746	0	2,152	14,368	715,474
43.00	04300	NURSERY	12,808	0	7,058	60,692	1,388,729
44.00	04400	SKILLED NURSING FACILITY	59,432	0	43,787	662,408	9,455,629
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,501,559	0	398,573	0	14,933,550
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,548	0	13,733	0	2,217,211
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,716	0	64,491	0	5,705,335
54.01	05401	NUCLEAR MEDICINE	2,342	0	16,532	0	921,515
54.02	05402	ULTRASOUND	10,417	0	27,082	0	796,569
57.00	05700	CT SCAN	13,430	0	105,549	0	1,745,892
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,580	0	54,890	0	1,605,251
59.00	05900	CARDIAC CATHETERIZATION	336,983	0	86,575	0	2,769,740
60.00	06000	LABORATORY	52,805	0	233,973	0	8,235,371
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	54	0	9,308	0	1,095,282
65.00	06500	RESPIRATORY THERAPY	8,381	0	28,093	0	1,541,956
66.00	06600	PHYSICAL THERAPY	36,367	0	57,728	0	4,160,862
67.00	06700	OCCUPATIONAL THERAPY	9,529	0	17,978	0	1,122,137
68.00	06800	SPEECH PATHOLOGY	3,687	0	8,406	0	443,785
69.00	06900	ELECTROCARDIOLOGY	85,119	0	110,443	0	5,443,647
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,330,081	0	72,698	0	7,966,793
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,415,657	0	88,863	0	8,312,817
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,400,971	294,072	0	10,460,750
74.00	07400	RENAL DIALYSIS	0	0	8,522	0	367,984
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,342	0	4,182	0	261,546
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,788	0	7,146	0	914,152
90.01	09001	DENTAL CLINIC	25,485	0	7,700	0	505,037
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
90.03	09003	DIABETIC TRAINING	1,909	0	695	0	548,817
90.04	09004	INFUSION CENTER	19,323	0	1,373	0	1,005,572
91.00	09100	EMERGENCY	166,943	0	115,164	0	5,767,819
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,596,218	2,400,971	2,085,974	1,684,755	128,132,326
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	112,023
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	0	315,178
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	0	0	1,417,178
190.05	19003	SPORTS MEDICINE	5,527	0	4,478	0	638,902
190.06	19004	FOUNDATION	0	0	0	0	399,382
191.00	19100	RESEARCH	0	0	0	0	395,872
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	41,232	0	23,659	0	7,841,729
193.02	19302	WELLNESS CENTER	614	0	0	0	647,987
193.03	19303	RENTAL PROPERTIES	2	0	0	0	1,395,645
193.04	19304	STARKE HOSPITAL	0	0	0	0	24,264,691
193.05	19306	NONPAID WORKERS	0	0	0	0	0
193.06	19305	VACANT	0	0	0	0	142,722
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
202.00	TOTAL (sum lines 118-201)	7,643,593	2,400,971	2,114,111	1,684,755	165,703,635	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

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

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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	NONPATIENT TELEPHONES		5.01
5.03	00512	PURCHASING, RECEIVING AND STORES		5.03
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	17,071,322
31.00	03100	INTENSIVE CARE UNIT	0	7,088,306
40.00	04000	SUBPROVIDER - I PF	0	3,563,476
41.00	04100	SUBPROVIDER - I RF	0	715,474
43.00	04300	NURSERY	0	1,388,729
44.00	04400	SKILLED NURSING FACILITY	0	9,455,629
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	14,933,550
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,217,211
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,705,335
54.01	05401	NUCLEAR MEDICINE	0	921,515
54.02	05402	ULTRASOUND	0	796,569
57.00	05700	CT SCAN	0	1,745,892
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,605,251
59.00	05900	CARDIAC CATHETERIZATION	0	2,769,740
60.00	06000	LABORATORY	0	8,235,371
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,095,282
65.00	06500	RESPIRATORY THERAPY	0	1,541,956
66.00	06600	PHYSICAL THERAPY	0	4,160,862
67.00	06700	OCCUPATIONAL THERAPY	0	1,122,137
68.00	06800	SPEECH PATHOLOGY	0	443,785
69.00	06900	ELECTROCARDIOLOGY	0	5,443,647
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,966,793
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,312,817
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,460,750
74.00	07400	RENAL DIALYSIS	0	367,984
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0
76.97	07697	CARDIAC REHABILITATION	0	261,546
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	914,152
90.01	09001	DENTAL CLINIC	0	505,037
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0
90.03	09003	DIABETIC TRAINING	0	548,817
90.04	09004	INFUSION CENTER	0	1,005,572
91.00	09100	EMERGENCY	0	5,767,819
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	128,132,326
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	112,023
190.03	19001	PHYSICIAN RECRUITMENT	0	315,178
190.04	19002	MARKETING / PUBLIC RELATIONS	0	1,417,178
190.05	19003	SPORTS MEDICINE	0	638,902
190.06	19004	FOUNDATION	0	399,382
191.00	19100	RESEARCH	0	395,872
193.00	19300	NONPAID WORKERS	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	0	7,841,729
193.02	19302	WELLNESS CENTER	0	647,987
193.03	19303	RENTAL PROPERTIES	0	1,395,645
193.04	19304	STARKE HOSPITAL	0	24,264,691
193.05	19306	NONPAID WORKERS	0	0
193.06	19305	VACANT	0	142,722

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150006

Period:
From 01/01/2013
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	165,703,635	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		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	15,450	22,142	37,592	4.00
5.01 00510	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.03 00512	PURCHASING, RECEIVING AND STORES	0	91,194	130,697	221,891	5.03
5.04 00513	CASHIERING/ACCOUNTS RECEIVABLE	0	21,057	30,179	51,236	5.04
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	264,918	379,673	644,591	5.06
7.00 00700	OPERATION OF PLANT		1,396,407	2,001,297	3,397,704	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	94,824	135,899	230,723	8.00
9.00 00900	HOUSEKEEPING	0	75,892	108,766	184,658	9.00
10.00 01000	DIETARY	0	89,396	128,120	217,516	10.00
11.00 01100	CAFETERIA	0	140,208	200,943	341,151	11.00
13.00 01300	NURSING ADMINISTRATION	0	65,870	94,403	160,273	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	58,431	83,742	142,173	14.00
15.00 01500	PHARMACY	0	44,682	64,036	108,718	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	57,172	81,938	139,110	16.00
17.00 01700	SOCIAL SERVICE	0	23,591	33,811	57,402	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	548,506	786,104	1,334,610	30.00
31.00 03100	INTENSIVE CARE UNIT	0	234,852	336,584	571,436	31.00
40.00 04000	SUBPROVIDER - IPF	0	313,392	449,146	762,538	40.00
41.00 04100	SUBPROVIDER - IRF	0	58,169	83,367	141,536	41.00
43.00 04300	NURSERY	0	96,017	137,609	233,626	43.00
44.00 04400	SKILLED NURSING FACILITY	0	468,641	671,645	1,140,286	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	526,664	754,801	1,281,465	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	154,056	220,789	374,845	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	257,315	368,778	626,093	54.00
54.01 05401	NUCLEAR MEDICINE	0	19,308	27,672	46,980	54.01
54.02 05402	ULTRASOUND	0	7,717	11,059	18,776	54.02
57.00 05700	CT SCAN	0	25,063	35,919	60,982	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,687	26,781	45,468	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	97,374	139,554	236,928	59.00
60.00 06000	LABORATORY	0	126,639	181,495	308,134	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,989	14,316	24,305	62.00
65.00 06500	RESPIRATORY THERAPY	0	8,779	12,582	21,361	65.00
66.00 06600	PHYSICAL THERAPY	0	74,371	106,587	180,958	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	19,488	27,930	47,418	67.00
68.00 06800	SPEECH PATHOLOGY	0	7,537	10,802	18,339	68.00
69.00 06900	ELECTROCARDIOLOGY	0	205,375	294,338	499,713	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	DENTAL CLINIC	0	0	0	0	90.01
90.02 09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.02
90.03 09003	DIABETIC TRAINING	0	0	0	0	90.03
90.04 09004	INFUSION CENTER	0	85,260	122,192	207,452	90.04
91.00 09100	EMERGENCY	0	175,326	251,272	426,598	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,977,617	8,566,968	14,544,585	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,801	26,945	45,746	190.00
190.03 19001	PHYSICIAN RECRUITMENT	0	0	0	0	190.03
190.04 19002	MARKETING / PUBLIC RELATIONS	0	0	0	0	190.04
190.05 19003	SPORTS MEDICINE	0	11,313	16,214	27,527	190.05
190.06 19004	FOUNDATION	0	11,036	15,816	26,852	190.06
191.00 19100	RESEARCH	0	0	0	0	191.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
193.01 19301	FREESTANDING VNA & HOSPICE	0	241,326	345,863	587,189	193.01
193.02 19302	WELLNESS CENTER	0	0	0	0	193.02
193.03 19303	RENTAL PROPERTIES	0	61,537	88,194	149,731	193.03
193.04 19304	STARKE HOSPITAL	0	0	0	0	193.04
193.05 19306	NONPAID WORKERS	0	0	0	0	193.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
193.06 19305 VACANT	0	26,077	37,372	63,449	0	193.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	6,347,707	9,097,372	15,445,079	37,592	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description		NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.01	5.03	5.04	5.06	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	127					5.01
5.03	00512	1	222,157				5.03
5.04	00513	10	209	52,339			5.04
5.06	00560	37	0	0	650,283		5.06
7.00	00700	5	2,369	0	46,117	3,446,921	7.00
8.00	00800	0	653	0	2,634	71,698	8.00
9.00	00900	2	960	0	7,510	57,383	9.00
10.00	01000	1	3,750	0	6,406	67,594	10.00
11.00	01100	2	5,883	0	6,901	106,015	11.00
13.00	01300	1	98	0	9,606	49,806	13.00
14.00	01400	1	48,832	0	29,097	44,181	14.00
15.00	01500	4	106	0	8,561	33,785	15.00
16.00	01600	3	94	0	7,201	43,229	16.00
17.00	01700	2	28	0	6,072	17,838	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6	383	3,218	47,790	414,737	30.00
31.00	03100	4	143	1,250	20,777	177,577	31.00
40.00	04000	1	19	453	8,579	236,963	40.00
41.00	04100	2	2	53	1,850	43,983	41.00
43.00	04300	1	40	174	3,724	72,601	43.00
44.00	04400	3	1,016	1,082	23,467	354,350	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	8	3,314	9,961	41,901	398,222	50.00
52.00	05200	1	64	339	5,991	116,485	52.00
54.00	05400	6	1,753	1,593	18,140	194,562	54.00
54.01	05401	0	1,308	408	3,275	14,599	54.01
54.02	05402	0	22	669	2,837	5,835	54.02
57.00	05700	1	585	2,607	5,985	18,951	57.00
58.00	05800	0	573	1,356	5,734	14,130	58.00
59.00	05900	0	584	2,139	7,708	73,627	59.00
60.00	06000	3	12,813	5,780	29,140	95,754	60.00
62.00	06200	0	6,526	230	4,133	7,553	62.00
65.00	06500	1	129	694	5,629	6,638	65.00
66.00	06600	3	303	1,426	14,525	56,234	66.00
67.00	06700	1	79	444	3,917	14,735	67.00
68.00	06800	0	31	208	1,545	5,699	68.00
69.00	06900	10	2,042	2,728	17,566	155,289	69.00
71.00	07100	0	37,796	1,796	21,836	0	71.00
72.00	07200	0	39,184	2,195	22,794	0	72.00
73.00	07300	0	48,725	7,264	30,476	0	73.00
74.00	07400	0	0	211	1,411	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	1	19	103	940	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	95	177	3,284	0	90.00
90.01	09001	0	47	190	1,775	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	7	17	2,017	0	90.03
90.04	09004	1	28	34	2,629	64,467	90.04
91.00	09100	5	223	2,845	17,554	132,568	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		127	220,835	51,644	509,034	3,167,088	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	214	14,216	190.00
190.03	19001	0	0	0	1,225	0	190.03
190.04	19002	0	51	0	5,536	0	190.04
190.05	19003	0	46	111	2,246	8,554	190.05
190.06	19004	0	0	0	1,393	8,344	190.06
191.00	19100	0	12	0	1,426	0	191.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	1,062	584	26,615	182,472	193.01
193.02	19302	0	138	0	2,375	0	193.02
193.03	19303	0	13	0	4,712	46,530	193.03
193.04	19304	0	0	0	95,211	0	193.04
193.05	19306	0	0	0	0	0	193.05
193.06	19305	0	0	0	296	19,717	193.06
200.00							200.00
201.00		0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 9:57 am	
Cost Center Description		NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.01	5.03	5.04	5.06	7.00	
202.00	TOTAL (sum lines 118-201)	127	222,157	52,339	650,283	3,446,921	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 9:57 am				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03	
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	305,818				8.00	
9.00	00900	HOUSEKEEPING	2,264	253,304			9.00	
10.00	01000	DIETARY	1,119	5,191	301,885		10.00	
11.00	01100	CAFETERIA	2,149	8,142	0	470,738	11.00	
13.00	01300	NURSING ADMINISTRATION	0	3,825	0	12,195	236,532	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,853	3,393	0	3,830	0	14.00
15.00	01500	PHARMACY	47	2,595	0	16,518	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,320	0	22,322	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,370	0	9,256	1,936	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,061	31,854	123,370	77,781	70,393	30.00
31.00	03100	INTENSIVE CARE UNIT	27,790	13,638	25,655	29,712	26,670	31.00
40.00	04000	SUBPROVIDER - I/PF	3,113	18,199	20,565	10,501	8,281	40.00
41.00	04100	SUBPROVIDER - I/RF	1,458	3,378	2,715	1,768	1,652	41.00
43.00	04300	NURSERY	1,850	5,576	0	3,765	3,676	43.00
44.00	04400	SKILLED NURSING FACILITY	32,093	27,215	113,427	35,241	25,972	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,156	30,584	134	49,412	32,942	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,122	8,946	12,574	6,040	5,896	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,330	14,943	0	20,648	1,718	54.00
54.01	05401	NUCLEAR MEDICINE	0	1,121	0	1,944	0	54.01
54.02	05402	ULTRASOUND	0	448	0	2,699	0	54.02
57.00	05700	CT SCAN	0	1,455	0	5,389	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	222	1,085	0	5,099	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,892	5,655	0	6,051	4,107	59.00
60.00	06000	LABORATORY	16	7,354	0	29,053	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	580	0	457	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	510	0	9,475	0	65.00
66.00	06600	PHYSICAL THERAPY	8,075	4,319	0	24,400	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,291	1,132	0	6,417	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,147	438	0	2,485	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,086	11,927	0	17,165	4,430	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	168	0	0	1,833	649	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	6,516	2,980	90.00
90.01	09001	DENTAL CLINIC	0	0	0	4,208	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	0	0	3,471	1,405	90.03
90.04	09004	INFUSION CENTER	1,286	4,951	1,933	2,787	2,169	90.04
91.00	09100	EMERGENCY	49,453	10,182	1,512	25,816	17,278	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	298,041	233,326	301,885	454,254	212,154	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,092	0	0	0	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	0	0	673	0	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	0	1,419	0	190.04
190.05	19003	SPORTS MEDICINE	1,525	657	0	3,724	0	190.05
190.06	19004	FOUNDATION	0	641	0	2,256	0	190.06
191.00	19100	RESEARCH	0	0	0	2,016	2,022	191.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	0	14,014	0	0	22,356	193.01
193.02	19302	WELLNESS CENTER	6,252	0	0	5,020	0	193.02
193.03	19303	RENTAL PROPERTIES	0	3,574	0	1,376	0	193.03
193.04	19304	STARKE HOSPITAL	0	0	0	0	0	193.04
193.05	19306	NONPAID WORKERS	0	0	0	0	0	193.05
193.06	19305	VACANT	0	0	0	0	0	193.06
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)	305,818	253,304	301,885	470,738	236,532	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.03	00512						5.03
5.04	00513						5.04
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	282,467					14.00
15.00	01500	209					15.00
16.00	01600	1	171,561	215,961			16.00
17.00	01700	0	0	0	94,347		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,145	0	13,311	36,795	2,244,160	30.00
31.00	03100	5,811	0	5,171	9,960	917,226	31.00
40.00	04000	139	0	1,872	6,293	1,077,966	40.00
41.00	04100	28	0	220	805	199,549	41.00
43.00	04300	473	0	721	3,399	329,860	43.00
44.00	04400	2,196	0	4,474	37,095	1,799,207	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	55,490	0	40,670	0	1,991,772	50.00
52.00	05200	759	0	1,403	0	536,841	52.00
54.00	05400	1,985	0	6,590	0	909,389	54.00
54.01	05401	87	0	1,689	0	71,566	54.01
54.02	05402	385	0	2,767	0	34,658	54.02
57.00	05700	496	0	10,785	0	107,510	57.00
58.00	05800	280	0	5,609	0	79,851	58.00
59.00	05900	12,453	0	8,846	0	361,384	59.00
60.00	06000	1,951	0	23,907	0	515,055	60.00
62.00	06200	2	0	951	0	44,761	62.00
65.00	06500	310	0	2,871	0	48,100	65.00
66.00	06600	1,344	0	5,899	0	298,682	66.00
67.00	06700	352	0	1,837	0	78,940	67.00
68.00	06800	136	0	859	0	31,009	68.00
69.00	06900	3,146	0	11,285	0	730,381	69.00
71.00	07100	86,107	0	7,428	0	154,963	71.00
72.00	07200	89,271	0	9,080	0	162,524	72.00
73.00	07300	0	171,561	30,048	0	288,074	73.00
74.00	07400	0	0	871	0	2,493	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	50	0	427	0	4,272	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	214	0	730	0	14,265	90.00
90.01	09001	942	0	787	0	8,097	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	71	0	71	0	7,264	90.03
90.04	09004	714	0	140	0	288,743	90.04
91.00	09100	6,169	0	11,767	0	703,277	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		280,716	171,561	213,086	94,347	14,041,839	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	61,268	190.00
190.03	19001	0	0	0	0	1,937	190.03
190.04	19002	0	0	0	0	7,084	190.04
190.05	19003	204	0	458	0	45,236	190.05
190.06	19004	0	0	0	0	39,577	190.06
191.00	19100	0	0	0	0	5,603	191.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	1,524	0	2,417	0	839,934	193.01
193.02	19302	23	0	0	0	13,963	193.02
193.03	19303	0	0	0	0	205,992	193.03
193.04	19304	0	0	0	0	99,184	193.04
193.05	19306	0	0	0	0	0	193.05
193.06	19305	0	0	0	0	83,462	193.06
200.00							200.00
201.00		0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150006

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
202.00	TOTAL (sum lines 118-201)	282,467	171,561	215,961	94,347	15,445,079	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 9:57 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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	NONPATIENT TELEPHONES		5.01
5.03	00512	PURCHASING, RECEIVING AND STORES		5.03
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	54.01
54.02	05402	ULTRASOUND	0	54.02
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DENTAL CLINIC	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	90.02
90.03	09003	DIABETIC TRAINING	0	90.03
90.04	09004	INFUSION CENTER	0	90.04
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.03	19001	PHYSICIAN RECRUITMENT	0	190.03
190.04	19002	MARKETING / PUBLIC RELATIONS	0	190.04
190.05	19003	SPORTS MEDICINE	0	190.05
190.06	19004	FOUNDATION	0	190.06
191.00	19100	RESEARCH	0	191.00
193.00	19300	NONPAID WORKERS	0	193.00
193.01	19301	FREESTANDING VNA & HOSPICE	0	193.01
193.02	19302	WELLNESS CENTER	0	193.02
193.03	19303	RENTAL PROPERTIES	0	193.03
193.04	19304	STARKE HOSPITAL	0	193.04
193.05	19306	NONPAID WORKERS	0	193.05
193.06	19305	VACANT	0	193.06

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150006		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 9:57 am	
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total				
		25.00	26.00				
200.00	Cross Foot Adjustments	0	0			200.00	
201.00	Negative Cost Centers	0	0			201.00	
202.00	TOTAL (sum lines 118-201)	0	15,445,079			202.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1
Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING, RECEIVING AND STORES (BILLABLE SUPPLIES)	
	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	388,265				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		388,265			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	945	945	65,819,522		4.00
5.01 00510	NONPATIENT TELEPHONES	0	0	221,790	1,505	5.01
5.03 00512	PURCHASING, RECEIVING AND STORES	5,578	5,578	463,717	12	25,290,586 5.03
5.04 00513	CASHIERING/ACCOUNTS RECEIVABLE	1,288	1,288	1,547,699	116	23,836 5.04
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	16,204	16,204	9,887,246	430	0 5.06
7.00 00700	OPERATION OF PLANT	85,413	85,413	1,271,213	58	269,661 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,800	5,800	193,106	5	74,337 8.00
9.00 00900	HOUSEKEEPING	4,642	4,642	923,216	19	109,338 9.00
10.00 01000	DIETARY	5,468	5,468	539,569	14	426,909 10.00
11.00 01100	CAFETERIA	8,576	8,576	866,451	23	669,697 11.00
13.00 01300	NURSING ADMINISTRATION	4,029	4,029	1,275,631	16	11,137 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,574	3,574	187,374	11	5,558,463 14.00
15.00 01500	PHARMACY	2,733	2,733	1,783,670	42	12,103 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,497	3,497	1,192,705	38	10,721 16.00
17.00 01700	SOCIAL SERVICE	1,443	1,443	776,383	23	3,184 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	33,550	33,550	6,489,779	77	43,654 30.00
31.00 03100	INTENSIVE CARE UNIT	14,365	14,365	2,857,288	46	16,259 31.00
40.00 04000	SUBPROVIDER - IPF	19,169	19,169	788,019	11	2,205 40.00
41.00 04100	SUBPROVIDER - IRF	3,558	3,558	172,542	27	242 41.00
43.00 04300	NURSERY	5,873	5,873	410,305	9	4,541 43.00
44.00 04400	SKILLED NURSING FACILITY	28,665	28,665	2,258,882	37	115,664 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	32,214	32,214	4,401,113	99	377,252 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,423	9,423	658,259	14	7,278 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,739	15,739	1,799,865	68	199,602 54.00
54.01 05401	NUCLEAR MEDICINE	1,181	1,181	272,148	2	148,959 54.01
54.02 05402	ULTRASOUND	472	472	385,356	3	2,521 54.02
57.00 05700	CT SCAN	1,533	1,533	480,282	9	66,614 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,143	1,143	517,005	1	65,180 58.00
59.00 05900	CARDIAC CATHETERIZATION	5,956	5,956	690,564	0	66,495 59.00
60.00 06000	LABORATORY	7,746	7,746	2,014,816	40	1,458,688 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	611	611	42,542	5	742,956 62.00
65.00 06500	RESPIRATORY THERAPY	537	537	844,438	9	14,735 65.00
66.00 06600	PHYSICAL THERAPY	4,549	4,549	2,094,627	31	34,488 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,192	1,192	554,565	8	9,036 67.00
68.00 06800	SPEECH PATHOLOGY	461	461	214,397	3	3,496 68.00
69.00 06900	ELECTROCARDIOLOGY	12,562	12,562	1,740,310	115	232,438 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,302,789 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	4,460,824 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,547,031 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	143,292	7	2,136 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	471,509	1	10,825 90.00
90.01 09001	DENTAL CLINIC	0	0	258,698	1	5,407 90.01
90.02 09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0 90.02
90.03 09003	DIABETIC TRAINING	0	0	359,288	0	821 90.03
90.04 09004	INFUSION CENTER	5,215	5,215	266,841	7	3,230 90.04
91.00 09100	EMERGENCY	10,724	10,724	2,288,466	54	25,337 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	365,628	365,628	54,604,966	1,491	25,140,089 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,150	1,150	0	0	0 190.00
190.03 19001	PHYSICIAN RECRUITMENT	0	0	69,008	2	49 190.03
190.04 19002	MARKETING / PUBLIC RELATIONS	0	0	136,284	0	5,801 190.04
190.05 19003	SPORTS MEDICINE	692	692	322,125	5	5,242 190.05
190.06 19004	FOUNDATION	675	675	158,519	4	0 190.06
191.00 19100	RESEARCH	0	0	222,962	0	1,329 191.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01 19301	FREESTANDING VNA & HOSPICE	14,761	14,761	2,978,758	0	120,874 193.01
193.02 19302	WELLNESS CENTER	0	0	271,270	3	15,700 193.02
193.03 19303	RENTAL PROPERTIES	3,764	3,764	97,520	0	1,502 193.03
193.04 19304	STARKE HOSPITAL	0	0	6,958,110	0	0 193.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	PURCHASING, RECEIVING AND STORES (BILLABLE SUPPLIES)		
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
193.05	19306	NONPAID WORKERS	0	0	0	0	0	193.05
193.06	19305	VACANT	1,595	1,595	0	0	0	193.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,347,707	9,097,372	19,697,540	280,260	1,129,735	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.348903	23.430832	0.299266	186.219269	0.044670	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			37,592	127	222,157	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000571	0.084385	0.008784	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.04	5A.06	5.06	7.00	8.00	
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	NONPATIENT TELEPHONES					5.01
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE	474,806,030				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-26,454,027	139,249,608		5.06
7.00	00700	OPERATION OF PLANT	0	0	9,875,204	278,837	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	563,934	5,800	169,096
9.00	00900	HOUSEKEEPING	0	0	1,608,191	4,642	1,252
10.00	01000	DIETARY	0	0	1,371,754	5,468	619
11.00	01100	CAFETERIA	0	0	1,477,642	8,576	1,188
13.00	01300	NURSING ADMINISTRATION	0	0	2,056,981	4,029	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	6,230,615	3,574	6,001
15.00	01500	PHARMACY	0	0	1,833,086	2,733	26
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,541,978	3,497	0
17.00	01700	SOCIAL SERVICE	0	0	1,300,188	1,443	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,255,217	0	10,233,376	33,550	42,610
31.00	03100	INTENSIVE CARE UNIT	11,365,270	0	4,448,938	14,365	15,366
40.00	04000	SUBPROVIDER - I/PF	4,115,257	0	1,837,019	19,169	1,721
41.00	04100	SUBPROVIDER - I/RF	483,333	0	396,112	3,558	806
43.00	04300	NURSERY	1,584,951	0	797,437	5,873	1,023
44.00	04400	SKILLED NURSING FACILITY	9,833,171	0	5,024,995	28,665	17,745
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	89,551,530	0	8,972,472	32,214	24,968
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,083,936	0	1,282,860	9,423	1,726
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,482,655	0	3,884,307	15,739	11,241
54.01	05401	NUCLEAR MEDICINE	3,712,568	0	701,223	1,181	0
54.02	05402	ULTRASOUND	6,081,693	0	607,453	472	0
57.00	05700	CT SCAN	23,702,837	0	1,281,563	1,533	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,326,459	0	1,227,850	1,143	123
59.00	05900	CARDIAC CATHETERIZATION	19,441,936	0	1,650,524	5,956	1,599
60.00	06000	LABORATORY	52,542,768	0	6,239,820	7,746	9
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,090,210	0	885,053	611	0
65.00	06500	RESPIRATORY THERAPY	6,308,858	0	1,205,424	537	0
66.00	06600	PHYSICAL THERAPY	12,963,951	0	3,110,204	4,549	4,465
67.00	06700	OCCUPATIONAL THERAPY	4,037,330	0	838,815	1,192	1,267
68.00	06800	SPEECH PATHOLOGY	1,887,643	0	330,758	461	634
69.00	06900	ELECTROCARDIOLOGY	24,802,031	0	3,761,516	12,562	2,259
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,325,624	0	4,675,736	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,955,822	0	4,881,020	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	66,039,077	0	6,525,936	0	0
74.00	07400	RENAL DIALYSIS	1,913,789	0	302,075	0	0
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	939,175	0	201,301	0	93
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,604,698	0	703,164	0	0
90.01	09001	DENTAL CLINIC	1,729,102	0	380,037	0	0
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
90.03	09003	DIABETIC TRAINING	156,069	0	431,908	0	0
90.04	09004	INFUSION CENTER	308,249	0	562,906	5,215	711
91.00	09100	EMERGENCY	25,862,100	0	3,758,958	10,724	27,344
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	468,487,309	-26,454,027	109,000,333	256,200	164,796
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	45,746	1,150	0
190.03	19001	PHYSICIAN RECRUITMENT	0	0	262,225	0	0
190.04	19002	MARKETING / PUBLIC RELATIONS	0	0	1,185,373	0	0
190.05	19003	SPORTS MEDICINE	1,005,677	0	480,951	692	843
190.06	19004	FOUNDATION	0	0	298,379	675	0
191.00	19100	RESEARCH	0	0	305,338	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	FREESTANDING VNA & HOSPICE	5,313,044	0	5,699,178	14,761	0
193.02	19302	WELLNESS CENTER	0	0	508,627	0	3,457
193.03	19303	RENTAL PROPERTIES	0	0	1,009,052	3,764	0
193.04	19304	STARKE HOSPITAL	0	0	20,390,957	0	0
193.05	19306	NONPAID WORKERS	0	0	0	0	0
193.06	19305	VACANT	0	0	63,449	1,595	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.04	5A.06	5.06	7.00	8.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,256,739		26,454,027	11,751,256	915,502	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.011071		0.189976	42.143819	5.414096	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	52,339		650,283	3,446,921	305,818	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000110		0.004670	12.361778	1.808547	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description		HOUSEKEEPING (SQUARE FOOTAGE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (BILLABLE SUPPLIES)	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.03	00512						5.03
5.04	00513						5.04
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	266,800					9.00
10.00	01000	5,468	118,990				10.00
11.00	01100	8,576	0	1,459,251			11.00
13.00	01300	4,029	0	37,804	746,685		13.00
14.00	01400	3,574	0	11,872	0	14,114,869	14.00
15.00	01500	2,733	0	51,203	0	10,439	15.00
16.00	01600	3,497	0	69,197	0	57	16.00
17.00	01700	1,443	0	28,694	6,113	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	33,550	48,627	241,118	222,218	456,996	30.00
31.00	03100	14,365	10,112	92,104	84,193	290,387	31.00
40.00	04000	19,169	8,106	32,551	26,140	6,970	40.00
41.00	04100	3,558	1,070	5,482	5,214	1,377	41.00
43.00	04300	5,873	0	11,671	11,604	23,651	43.00
44.00	04400	28,665	44,708	109,244	81,989	109,748	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	32,214	53	153,172	103,991	2,772,819	50.00
52.00	05200	9,423	4,956	18,724	18,614	37,944	52.00
54.00	05400	15,739	0	64,006	5,423	99,193	54.00
54.01	05401	1,181	0	6,027	0	4,324	54.01
54.02	05402	472	0	8,366	0	19,237	54.02
57.00	05700	1,533	0	16,705	0	24,800	57.00
58.00	05800	1,143	0	15,806	1,143	13,998	58.00
59.00	05900	5,956	0	18,757	12,964	622,282	59.00
60.00	06000	7,746	0	90,063	0	97,511	60.00
62.00	06200	611	0	1,418	0	99	62.00
65.00	06500	537	0	29,372	0	15,477	65.00
66.00	06600	4,549	0	75,637	0	67,156	66.00
67.00	06700	1,192	0	19,892	0	17,596	67.00
68.00	06800	461	0	7,702	0	6,808	68.00
69.00	06900	12,562	0	53,210	13,984	157,183	69.00
71.00	07100	0	0	0	0	4,302,789	71.00
72.00	07200	0	0	0	0	4,460,825	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	0	5,683	2,050	2,479	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	20,200	9,407	10,689	90.00
90.01	09001	0	0	13,046	0	47,061	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	10,759	4,435	3,525	90.03
90.04	09004	5,215	762	8,639	6,848	35,682	90.04
91.00	09100	10,724	596	80,029	54,543	308,282	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		245,758	118,990	1,408,153	669,730	14,027,384	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,150	0	0	0	0	190.00
190.03	19001	0	0	2,086	0	0	190.03
190.04	19002	0	0	4,398	0	0	190.04
190.05	19003	692	0	11,545	0	10,207	190.05
190.06	19004	675	0	6,994	0	0	190.06
191.00	19100	0	0	6,248	6,382	0	191.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	14,761	0	0	70,573	76,140	193.01
193.02	19302	0	0	15,563	0	1,134	193.02
193.03	19303	3,764	0	4,264	0	4	193.03
193.04	19304	0	0	0	0	0	193.04
193.05	19306	0	0	0	0	0	193.05
193.06	19305	0	0	0	0	0	193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description		HOUSEKEEPING (SQUARE FOOTAGE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (BILLABLE SUPPLIES)	
		9.00	10.00	11.00	13.00	14.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,116,119	1,909,516	2,194,236	2,706,356	7,643,593	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.931481	16.047701	1.503673	3.624495	0.541528	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	253,304	301,885	470,738	236,532	282,467	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.949415	2.537062	0.322589	0.316776	0.020012	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1
Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description		PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHRGs)	SOCIAL SERVICE (PATIENT DAYS)	
		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
5.03	00512				5.03
5.04	00513				5.04
5.06	00560				5.06
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500	100			15.00
16.00	01600	0	474,806,030		16.00
17.00	01700	0	0	40,806	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	29,255,217	15,914	30.00
31.00	03100	0	11,365,270	4,308	31.00
40.00	04000	0	4,115,257	2,722	40.00
41.00	04100	0	483,333	348	41.00
43.00	04300	0	1,584,951	1,470	43.00
44.00	04400	0	9,833,171	16,044	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	89,551,530	0	50.00
52.00	05200	0	3,083,936	0	52.00
54.00	05400	0	14,482,655	0	54.00
54.01	05401	0	3,712,568	0	54.01
54.02	05402	0	6,081,693	0	54.02
57.00	05700	0	23,702,837	0	57.00
58.00	05800	0	12,326,459	0	58.00
59.00	05900	0	19,441,936	0	59.00
60.00	06000	0	52,542,768	0	60.00
62.00	06200	0	2,090,210	0	62.00
65.00	06500	0	6,308,858	0	65.00
66.00	06600	0	12,963,951	0	66.00
67.00	06700	0	4,037,330	0	67.00
68.00	06800	0	1,887,643	0	68.00
69.00	06900	0	24,802,031	0	69.00
71.00	07100	0	16,325,624	0	71.00
72.00	07200	0	19,955,822	0	72.00
73.00	07300	100	66,039,077	0	73.00
74.00	07400	0	1,913,789	0	74.00
76.00	03020	0	0	0	76.00
76.97	07697	0	939,175	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	1,604,698	0	90.00
90.01	09001	0	1,729,102	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	0	156,069	0	90.03
90.04	09004	0	308,249	0	90.04
91.00	09100	0	25,862,100	0	91.00
92.00	09200	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		100	468,487,309	40,806	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	190.00
190.03	19001	0	0	0	190.03
190.04	19002	0	0	0	190.04
190.05	19003	0	1,005,677	0	190.05
190.06	19004	0	0	0	190.06
191.00	19100	0	0	0	191.00
193.00	19300	0	0	0	193.00
193.01	19301	0	5,313,044	0	193.01
193.02	19302	0	0	0	193.02
193.03	19303	0	0	0	193.03
193.04	19304	0	0	0	193.04
193.05	19306	0	0	0	193.05
193.06	19305	0	0	0	193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150006

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description		PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHRGs)	SOCIAL SERVICE (PATIENT DAYS)	
		15.00	16.00	17.00	
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,400,971	2,114,111	1,684,755	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	24,009.710000	0.004453	41.286943	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	171,561	215,961	94,347	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1,715.610000	0.000455	2.312086	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 9:57 am

		Title XVIIII		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		17,071,322	62,191	17,133,513	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,088,306	0	7,088,306	31.00	
40.00	04000 SUBPROVIDER - I/PF		3,563,476	0	3,563,476	40.00	
41.00	04100 SUBPROVIDER - I/RP		715,474	0	715,474	41.00	
43.00	04300 NURSERY		1,388,729	0	1,388,729	43.00	
44.00	04400 SKILLED NURSING FACILITY		9,455,629	7,647	9,463,276	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		14,933,550	0	14,933,550	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,217,211	0	2,217,211	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,705,335	0	5,705,335	54.00	
54.01	05401 NUCLEAR MEDICINE		921,515	0	921,515	54.01	
54.02	05402 ULTRASOUND		796,569	0	796,569	54.02	
57.00	05700 CT SCAN		1,745,892	0	1,745,892	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,605,251	0	1,605,251	58.00	
59.00	05900 CARDIAC CATHETERIZATION		2,769,740	0	2,769,740	59.00	
60.00	06000 LABORATORY		8,235,371	18,425	8,253,796	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,095,282	0	1,095,282	62.00	
65.00	06500 RESPIRATORY THERAPY	0	1,541,956	0	1,541,956	65.00	
66.00	06600 PHYSICAL THERAPY	0	4,160,862	68	4,160,930	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,122,137	0	1,122,137	67.00	
68.00	06800 SPEECH PATHOLOGY	0	443,785	0	443,785	68.00	
69.00	06900 ELECTROCARDIOLOGY		5,443,647	2,266	5,445,913	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,966,793	0	7,966,793	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		8,312,817	0	8,312,817	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		10,460,750	0	10,460,750	73.00	
74.00	07400 RENAL DIALYSIS		367,984	0	367,984	74.00	
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		261,546	0	261,546	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		914,152	0	914,152	90.00	
90.01	09001 DENTAL CLINIC		505,037	0	505,037	90.01	
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	90.02	
90.03	09003 DIABETIC TRAINING		548,817	0	548,817	90.03	
90.04	09004 INFUSION CENTER		1,005,572	0	1,005,572	90.04	
91.00	09100 EMERGENCY		5,767,819	0	5,767,819	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,514,772	0	3,514,772	92.00	
200.00	Subtotal (see instructions)	0	131,647,098	90,597	131,737,695	200.00	
201.00	Less Observation Beds		3,514,772	0	3,514,772	201.00	
202.00	Total (see instructions)	0	128,132,326	90,597	128,222,923	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 9:57 am

		Title XVIIII			Hospital		PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,508,823		23,508,823			30.00
31.00	03100	INTENSIVE CARE UNIT	11,365,270		11,365,270			31.00
40.00	04000	SUBPROVIDER - IPF	4,115,257		4,115,257			40.00
41.00	04100	SUBPROVIDER - IRF	483,333		483,333			41.00
43.00	04300	NURSERY	1,584,951		1,584,951			43.00
44.00	04400	SKILLED NURSING FACILITY	9,833,171		9,833,171			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,420,502	50,131,028	89,551,530	0.166759	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,579,653	504,283	3,083,936	0.718955	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,634,385	10,848,270	14,482,655	0.393943	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	1,334,745	2,377,823	3,712,568	0.248215	0.000000	54.01
54.02	05402	ULTRASOUND	880,287	5,201,406	6,081,693	0.130978	0.000000	54.02
57.00	05700	CT SCAN	6,214,539	17,488,298	23,702,837	0.073658	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,311,869	11,014,590	12,326,459	0.130228	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,889,591	10,552,345	19,441,936	0.142462	0.000000	59.00
60.00	06000	LABORATORY	16,629,865	35,912,903	52,542,768	0.156737	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,400,052	690,158	2,090,210	0.524006	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	5,273,102	1,035,756	6,308,858	0.244411	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,698,424	9,265,527	12,963,951	0.320956	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,618,410	1,418,920	4,037,330	0.277940	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	402,395	1,485,248	1,887,643	0.235100	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,606,753	19,195,278	24,802,031	0.219484	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,629,836	7,695,788	16,325,624	0.487993	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,619,863	6,335,959	19,955,822	0.416561	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,690,987	29,348,090	66,039,077	0.158402	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,913,789	0	1,913,789	0.192280	0.000000	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	2,250	936,925	939,175	0.278485	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	957,413	647,285	1,604,698	0.569672	0.000000	90.00
90.01	09001	DENTAL CLINIC	0	1,729,102	1,729,102	0.292081	0.000000	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	0.000000	90.02
90.03	09003	DIABETIC TRAINING	23,897	132,172	156,069	3.516502	0.000000	90.03
90.04	09004	INFUSION CENTER	5,183	303,066	308,249	3.262207	0.000000	90.04
91.00	09100	EMERGENCY	5,047,575	20,814,525	25,862,100	0.223022	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,075,592	4,670,802	5,746,394	0.611648	0.000000	92.00
200.00		Subtotal (see instructions)	218,751,762	249,735,547	468,487,309			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	218,751,762	249,735,547	468,487,309			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 9:57 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.166759		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.718955		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.393943		54.00
54.01	05401 NUCLEAR MEDICINE	0.248215		54.01
54.02	05402 ULTRASOUND	0.130978		54.02
57.00	05700 CT SCAN	0.073658		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130228		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.142462		59.00
60.00	06000 LABORATORY	0.157087		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.524006		62.00
65.00	06500 RESPIRATORY THERAPY	0.244411		65.00
66.00	06600 PHYSICAL THERAPY	0.320962		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.277940		67.00
68.00	06800 SPEECH PATHOLOGY	0.235100		68.00
69.00	06900 ELECTROCARDIOLOGY	0.219575		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487993		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.416561		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.158402		73.00
74.00	07400 RENAL DIALYSIS	0.192280		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.278485		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.569672		90.00
90.01	09001 DENTAL CLINIC	0.292081		90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.02
90.03	09003 DIABETIC TRAINING	3.516502		90.03
90.04	09004 INFUSION CENTER	3.262207		90.04
91.00	09100 EMERGENCY	0.223022		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.611648		92.00
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: 150006

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 9:57 am

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		17,071,322	62,191	17,133,513	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,088,306	0	7,088,306	31.00	
40.00	04000 SUBPROVIDER - I PF		3,563,476	0	3,563,476	40.00	
41.00	04100 SUBPROVIDER - I RF		715,474	0	715,474	41.00	
43.00	04300 NURSERY		1,388,729	0	1,388,729	43.00	
44.00	04400 SKILLED NURSING FACILITY		9,455,629	7,647	9,463,276	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		14,933,550	0	14,933,550	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,217,211	0	2,217,211	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,705,335	0	5,705,335	54.00	
54.01	05401 NUCLEAR MEDICINE		921,515	0	921,515	54.01	
54.02	05402 ULTRASOUND		796,569	0	796,569	54.02	
57.00	05700 CT SCAN		1,745,892	0	1,745,892	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,605,251	0	1,605,251	58.00	
59.00	05900 CARDIAC CATHETERIZATION		2,769,740	0	2,769,740	59.00	
60.00	06000 LABORATORY		8,235,371	18,425	8,253,796	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,095,282	0	1,095,282	62.00	
65.00	06500 RESPIRATORY THERAPY	0	1,541,956	0	1,541,956	65.00	
66.00	06600 PHYSICAL THERAPY	0	4,160,862	68	4,160,930	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,122,137	0	1,122,137	67.00	
68.00	06800 SPEECH PATHOLOGY	0	443,785	0	443,785	68.00	
69.00	06900 ELECTROCARDIOLOGY		5,443,647	2,266	5,445,913	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,966,793	0	7,966,793	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		8,312,817	0	8,312,817	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		10,460,750	0	10,460,750	73.00	
74.00	07400 RENAL DIALYSIS		367,984	0	367,984	74.00	
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		261,546	0	261,546	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		914,152	0	914,152	90.00	
90.01	09001 DENTAL CLINIC		505,037	0	505,037	90.01	
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	90.02	
90.03	09003 DIABETIC TRAINING		548,817	0	548,817	90.03	
90.04	09004 INFUSION CENTER		1,005,572	0	1,005,572	90.04	
91.00	09100 EMERGENCY		5,767,819	0	5,767,819	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,514,772	0	3,514,772	92.00	
200.00	Subtotal (see instructions)	0	131,647,098	90,597	131,737,695	200.00	
201.00	Less Observation Beds		3,514,772		3,514,772	201.00	
202.00	Total (see instructions)	0	128,132,326	90,597	128,222,923	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150006

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 9:57 am

		Title XIX			Hospital		PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,508,823		23,508,823			30.00
31.00	03100	INTENSIVE CARE UNIT	11,365,270		11,365,270			31.00
40.00	04000	SUBPROVIDER - IPF	4,115,257		4,115,257			40.00
41.00	04100	SUBPROVIDER - IRF	483,333		483,333			41.00
43.00	04300	NURSERY	1,584,951		1,584,951			43.00
44.00	04400	SKILLED NURSING FACILITY	9,833,171		9,833,171			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,420,502	50,131,028	89,551,530	0.166759	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,579,653	504,283	3,083,936	0.718955	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,634,385	10,848,270	14,482,655	0.393943	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	1,334,745	2,377,823	3,712,568	0.248215	0.000000	54.01
54.02	05402	ULTRASOUND	880,287	5,201,406	6,081,693	0.130978	0.000000	54.02
57.00	05700	CT SCAN	6,214,539	17,488,298	23,702,837	0.073658	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,311,869	11,014,590	12,326,459	0.130228	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,889,591	10,552,345	19,441,936	0.142462	0.000000	59.00
60.00	06000	LABORATORY	16,629,865	35,912,903	52,542,768	0.156737	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,400,052	690,158	2,090,210	0.524006	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	5,273,102	1,035,756	6,308,858	0.244411	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,698,424	9,265,527	12,963,951	0.320956	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,618,410	1,418,920	4,037,330	0.277940	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	402,395	1,485,248	1,887,643	0.235100	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,606,753	19,195,278	24,802,031	0.219484	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,629,836	7,695,788	16,325,624	0.487993	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,619,863	6,335,959	19,955,822	0.416561	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,690,987	29,348,090	66,039,077	0.158402	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,913,789	0	1,913,789	0.192280	0.000000	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	2,250	936,925	939,175	0.278485	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	957,413	647,285	1,604,698	0.569672	0.000000	90.00
90.01	09001	DENTAL CLINIC	0	1,729,102	1,729,102	0.292081	0.000000	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	0.000000	90.02
90.03	09003	DIABETIC TRAINING	23,897	132,172	156,069	3.516502	0.000000	90.03
90.04	09004	INFUSION CENTER	5,183	303,066	308,249	3.262207	0.000000	90.04
91.00	09100	EMERGENCY	5,047,575	20,814,525	25,862,100	0.223022	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,075,592	4,670,802	5,746,394	0.611648	0.000000	92.00
200.00		Subtotal (see instructions)	218,751,762	249,735,547	468,487,309			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	218,751,762	249,735,547	468,487,309			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 9:57 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.166759		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.718955		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.393943		54.00
54.01	05401 NUCLEAR MEDICINE	0.248215		54.01
54.02	05402 ULTRASOUND	0.130978		54.02
57.00	05700 CT SCAN	0.073658		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130228		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.142462		59.00
60.00	06000 LABORATORY	0.157087		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.524006		62.00
65.00	06500 RESPIRATORY THERAPY	0.244411		65.00
66.00	06600 PHYSICAL THERAPY	0.320962		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.277940		67.00
68.00	06800 SPEECH PATHOLOGY	0.235100		68.00
69.00	06900 ELECTROCARDIOLOGY	0.219575		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487993		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.416561		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.158402		73.00
74.00	07400 RENAL DIALYSIS	0.192280		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.278485		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.569672		90.00
90.01	09001 DENTAL CLINIC	0.292081		90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.02
90.03	09003 DIABETIC TRAINING	3.516502		90.03
90.04	09004 INFUSION CENTER	3.262207		90.04
91.00	09100 EMERGENCY	0.223022		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.611648		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150006

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

Worksheet C
Part II
Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,933,550	1,991,772	12,941,778	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,217,211	536,841	1,680,370	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,705,335	909,389	4,795,946	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	921,515	71,566	849,949	0	0	54.01
54.02	05402	ULTRASOUND	796,569	34,658	761,911	0	0	54.02
57.00	05700	CT SCAN	1,745,892	107,510	1,638,382	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,605,251	79,851	1,525,400	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,769,740	361,384	2,408,356	0	0	59.00
60.00	06000	LABORATORY	8,235,371	515,055	7,720,316	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,095,282	44,761	1,050,521	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,541,956	48,100	1,493,856	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,160,862	298,682	3,862,180	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,122,137	78,940	1,043,197	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	443,785	31,009	412,776	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,443,647	730,381	4,713,266	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,966,793	154,963	7,811,830	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,312,817	162,524	8,150,293	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,460,750	288,074	10,172,676	0	0	73.00
74.00	07400	RENAL DIALYSIS	367,984	2,493	365,491	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	261,546	4,272	257,274	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	914,152	14,265	899,887	0	0	90.00
90.01	09001	DENTAL CLINIC	505,037	8,097	496,940	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	548,817	7,264	541,553	0	0	90.03
90.04	09004	INFUSION CENTER	1,005,572	288,743	716,829	0	0	90.04
91.00	09100	EMERGENCY	5,767,819	703,277	5,064,542	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,514,772	460,368	3,054,404	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	92,364,162	7,934,239	84,429,923	0	0	200.00
201.00		Less Observation Beds	3,514,772	460,368	3,054,404	0	0	201.00
202.00		Total (line 200 minus line 201)	88,849,390	7,473,871	81,375,519	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part II Date/Time Prepared: 5/28/2014 9:57 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	14,933,550	89,551,530	0.166759	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,217,211	3,083,936	0.718955	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,705,335	14,482,655	0.393943	54.00
54.01	05401 NUCLEAR MEDICINE	921,515	3,712,568	0.248215	54.01
54.02	05402 ULTRASOUND	796,569	6,081,693	0.130978	54.02
57.00	05700 CT SCAN	1,745,892	23,702,837	0.073658	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,605,251	12,326,459	0.130228	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,769,740	19,441,936	0.142462	59.00
60.00	06000 LABORATORY	8,235,371	52,542,768	0.156737	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,095,282	2,090,210	0.524006	62.00
65.00	06500 RESPIRATORY THERAPY	1,541,956	6,308,858	0.244411	65.00
66.00	06600 PHYSICAL THERAPY	4,160,862	12,963,951	0.320956	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,122,137	4,037,330	0.277940	67.00
68.00	06800 SPEECH PATHOLOGY	443,785	1,887,643	0.235100	68.00
69.00	06900 ELECTROCARDIOLOGY	5,443,647	24,802,031	0.219484	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,966,793	16,325,624	0.487993	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	8,312,817	19,955,822	0.416561	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,460,750	66,039,077	0.158402	73.00
74.00	07400 RENAL DIALYSIS	367,984	1,913,789	0.192280	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	261,546	939,175	0.278485	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	914,152	1,604,698	0.569672	90.00
90.01	09001 DENTAL CLINIC	505,037	1,729,102	0.292081	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	90.02
90.03	09003 DIABETIC TRAINING	548,817	156,069	3.516502	90.03
90.04	09004 INFUSION CENTER	1,005,572	308,249	3.262207	90.04
91.00	09100 EMERGENCY	5,767,819	25,862,100	0.223022	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,514,772	5,746,394	0.611648	92.00
200.00	Subtotal (sum of lines 50 thru 199)	92,364,162	417,596,504		200.00
201.00	Less Observation Beds	3,514,772	0		201.00
202.00	Total (line 200 minus line 201)	88,849,390	417,596,504		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/28/2014 9:57 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,244,160	0	2,244,160	18,836	119.14	30.00
31.00	INTENSIVE CARE UNIT	917,226		917,226	4,308	212.91	31.00
40.00	SUBPROVIDER - IPF	1,077,966	0	1,077,966	2,722	396.02	40.00
41.00	SUBPROVIDER - IRF	199,549	0	199,549	348	573.42	41.00
43.00	NURSERY	329,860		329,860	1,470	224.39	43.00
44.00	SKILLED NURSING FACILITY	1,799,207		1,799,207	16,044	112.14	44.00
200.00	Total (lines 30-199)	6,567,968		6,567,968	43,728		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,336	993,151				
31.00	INTENSIVE CARE UNIT	2,133	454,137				
40.00	SUBPROVIDER - IPF	1,083	428,890				
41.00	SUBPROVIDER - IRF	259	148,516				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	7,061	791,821				
200.00	Total (lines 30-199)	18,872	2,816,515				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/28/2014 9:57 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		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	1,991,772	89,551,530	0.022242	17,236,552	383,375	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	536,841	3,083,936	0.174077	16,608	2,891	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	909,389	14,482,655	0.062792	1,913,571	120,157	54.00
54.01	05401 NUCLEAR MEDICINE	71,566	3,712,568	0.019277	715,584	13,794	54.01
54.02	05402 ULTRASOUND	34,658	6,081,693	0.005699	441,693	2,517	54.02
57.00	05700 CT SCAN	107,510	23,702,837	0.004536	3,381,919	15,340	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	79,851	12,326,459	0.006478	690,006	4,470	58.00
59.00	05900 CARDIAC CATHETERIZATION	361,384	19,441,936	0.018588	4,353,775	80,928	59.00
60.00	06000 LABORATORY	515,055	52,542,768	0.009803	8,344,422	81,800	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	44,761	2,090,210	0.021415	833,140	17,842	62.00
65.00	06500 RESPIRATORY THERAPY	48,100	6,308,858	0.007624	2,410,869	18,380	65.00
66.00	06600 PHYSICAL THERAPY	298,682	12,963,951	0.023039	1,319,387	30,397	66.00
67.00	06700 OCCUPATIONAL THERAPY	78,940	4,037,330	0.019553	864,160	16,897	67.00
68.00	06800 SPEECH PATHOLOGY	31,009	1,887,643	0.016427	218,871	3,595	68.00
69.00	06900 ELECTROCARDIOLOGY	730,381	24,802,031	0.029448	3,190,843	93,964	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	154,963	16,325,624	0.009492	5,005,057	47,508	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	162,524	19,955,822	0.008144	6,573,338	53,533	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	288,074	66,039,077	0.004362	18,178,162	79,293	73.00
74.00	07400 RENAL DIALYSIS	2,493	1,913,789	0.001303	1,218,388	1,588	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	4,272	939,175	0.004549	604	3	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	14,265	1,604,698	0.008890	633,449	5,631	90.00
90.01	09001 DENTAL CLINIC	8,097	1,729,102	0.004683	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.02
90.03	09003 DIABETIC TRAINING	7,264	156,069	0.046544	9,218	429	90.03
90.04	09004 INFUSION CENTER	288,743	308,249	0.936720	4,467	4,184	90.04
91.00	09100 EMERGENCY	703,277	25,862,100	0.027193	2,672,583	72,676	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	460,368	5,746,394	0.080114	646,875	51,824	92.00
200.00	Total (lines 50-199)	7,934,239	417,596,504		80,873,541	1,203,016	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/28/2014 9:57 am
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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	18,836	0.00	8,336	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,308	0.00	2,133	0		31.00
40.00	04000	SUBPROVIDER - IPF	2,722	0.00	1,083	0		40.00
41.00	04100	SUBPROVIDER - IRF	348	0.00	259	0		41.00
43.00	04300	NURSERY	1,470	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	16,044	0.00	7,061	0		44.00
200.00		Total (lines 30-199)	43,728		18,872	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 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
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
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
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
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	0	0	0	0	0	90.03
90.04	09004	INFUSION CENTER	0	0	0	0	0	0	90.04
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
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: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	89,551,530	0.000000	0.000000	17,236,552	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,083,936	0.000000	0.000000	16,608	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,482,655	0.000000	0.000000	1,913,571	54.00
54.01	05401 NUCLEAR MEDICINE	0	3,712,568	0.000000	0.000000	715,584	54.01
54.02	05402 ULTRASOUND	0	6,081,693	0.000000	0.000000	441,693	54.02
57.00	05700 CT SCAN	0	23,702,837	0.000000	0.000000	3,381,919	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,326,459	0.000000	0.000000	690,006	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	19,441,936	0.000000	0.000000	4,353,775	59.00
60.00	06000 LABORATORY	0	52,542,768	0.000000	0.000000	8,344,422	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,090,210	0.000000	0.000000	833,140	62.00
65.00	06500 RESPIRATORY THERAPY	0	6,308,858	0.000000	0.000000	2,410,869	65.00
66.00	06600 PHYSICAL THERAPY	0	12,963,951	0.000000	0.000000	1,319,387	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,037,330	0.000000	0.000000	864,160	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,887,643	0.000000	0.000000	218,871	68.00
69.00	06900 ELECTROCARDIOLOGY	0	24,802,031	0.000000	0.000000	3,190,843	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,325,624	0.000000	0.000000	5,005,057	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	19,955,822	0.000000	0.000000	6,573,338	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	66,039,077	0.000000	0.000000	18,178,162	73.00
74.00	07400 RENAL DIALYSIS	0	1,913,789	0.000000	0.000000	1,218,388	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	939,175	0.000000	0.000000	604	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,604,698	0.000000	0.000000	633,449	90.00
90.01	09001 DENTAL CLINIC	0	1,729,102	0.000000	0.000000	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 DIABETIC TRAINING	0	156,069	0.000000	0.000000	9,218	90.03
90.04	09004 INFUSION CENTER	0	308,249	0.000000	0.000000	4,467	90.04
91.00	09100 EMERGENCY	0	25,862,100	0.000000	0.000000	2,672,583	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,746,394	0.000000	0.000000	646,875	92.00
200.00	Total (lines 50-199)	0	417,596,504			80,873,541	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	13,139,087	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	362	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,472,569	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	1,014,036	0	54.01
54.02	05402 ULTRASOUND	0	959,876	0	54.02
57.00	05700 CT SCAN	0	5,528,929	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,276,413	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,785,222	0	59.00
60.00	06000 LABORATORY	0	1,097,185	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	311,139	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	374,810	0	65.00
66.00	06600 PHYSICAL THERAPY	0	44,415	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	324	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	8,343,575	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,521,387	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,070,117	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	11,936,643	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	494,670	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	19,185	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	2,328	0	90.03
90.04	09004 INFUSION CENTER	0	158,791	0	90.04
91.00	09100 EMERGENCY	0	4,334,811	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,009,269	0	92.00
200.00	Total (lines 50-199)	0	67,895,143	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 9:57 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	0.166759	13,139,087	0	0	2,191,061
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.718955	362	0	0	260
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.393943	3,472,569	0	0	1,367,994
54.01 05401 NUCLEAR MEDICINE	0.248215	1,014,036	0	0	251,699
54.02 05402 ULTRASOUND	0.130978	959,876	0	0	125,723
57.00 05700 CT SCAN	0.073658	5,528,929	0	0	407,250
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130228	3,276,413	0	0	426,681
59.00 05900 CARDIAC CATHETERIZATION	0.142462	4,785,222	0	0	681,712
60.00 06000 LABORATORY	0.156737	1,097,185	0	0	171,969
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.524006	311,139	0	0	163,039
65.00 06500 RESPIRATORY THERAPY	0.244411	374,810	0	0	91,608
66.00 06600 PHYSICAL THERAPY	0.320956	44,415	0	0	14,255
67.00 06700 OCCUPATIONAL THERAPY	0.277940	324	0	0	90
68.00 06800 SPEECH PATHOLOGY	0.235100	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.219484	8,343,575	0	0	1,831,281
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487993	3,521,387	0	0	1,718,412
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.416561	3,070,117	0	0	1,278,891
73.00 07300 DRUGS CHARGED TO PATIENTS	0.158402	11,936,643	0	144,086	1,890,788
74.00 07400 RENAL DIALYSIS	0.192280	0	0	0	0
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.278485	494,670	0	0	137,758
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.569672	19,185	0	0	10,929
90.01 09001 DENTAL CLINIC	0.292081	0	0	0	0
90.02 09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0
90.03 09003 DIABETIC TRAINING	3.516502	2,328	0	0	8,186
90.04 09004 INFUSION CENTER	3.262207	158,791	0	0	518,009
91.00 09100 EMERGENCY	0.223022	4,334,811	0	0	966,758
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.611648	2,009,269	0	0	1,228,965
200.00 Subtotal (see instructions)		67,895,143	0	144,086	15,483,318
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 +/- line 201)		67,895,143	0	144,086	15,483,318

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 9:57 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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	54.01
54.02	05402 ULTRASOUND	0	0	54.02
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
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	22,824	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	0	22,824	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	22,824	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150006 Component CCN: 15S006		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 9:57 am	
			Title XVIIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,991,772	89,551,530	0.022242	7,681	171	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	536,841	3,083,936	0.174077	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	909,389	14,482,655	0.062792	8,443	530	54.00
54.01	05401	NUCLEAR MEDICINE	71,566	3,712,568	0.019277	0	0	54.01
54.02	05402	ULTRASOUND	34,658	6,081,693	0.005699	2,722	16	54.02
57.00	05700	CT SCAN	107,510	23,702,837	0.004536	39,201	178	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	79,851	12,326,459	0.006478	17	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	361,384	19,441,936	0.018588	1,637	30	59.00
60.00	06000	LABORATORY	515,055	52,542,768	0.009803	239,420	2,347	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	44,761	2,090,210	0.021415	48	1	62.00
65.00	06500	RESPIRATORY THERAPY	48,100	6,308,858	0.007624	8,433	64	65.00
66.00	06600	PHYSICAL THERAPY	298,682	12,963,951	0.023039	25,775	594	66.00
67.00	06700	OCCUPATIONAL THERAPY	78,940	4,037,330	0.019553	4,982	97	67.00
68.00	06800	SPEECH PATHOLOGY	31,009	1,887,643	0.016427	1,067	18	68.00
69.00	06900	ELECTROCARDIOLOGY	730,381	24,802,031	0.029448	7,559	223	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	154,963	16,325,624	0.009492	464	4	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	162,524	19,955,822	0.008144	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	288,074	66,039,077	0.004362	163,620	714	73.00
74.00	07400	RENAL DIALYSIS	2,493	1,913,789	0.001303	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,272	939,175	0.004549	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,265	1,604,698	0.008890	10,459	93	90.00
90.01	09001	DENTAL CLINIC	8,097	1,729,102	0.004683	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.02
90.03	09003	DIABETIC TRAINING	7,264	156,069	0.046544	566	26	90.03
90.04	09004	INFUSION CENTER	288,743	308,249	0.936720	0	0	90.04
91.00	09100	EMERGENCY	703,277	25,862,100	0.027193	163,087	4,435	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,746,394	0.000000	0	0	92.00
200.00		Total (lines 50-199)	7,473,871	417,596,504		685,181	9,541	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
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
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	0 54.01
54.02	05402	ULTRASOUND	0	0	0	0	0 54.02
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0 90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0 90.02
90.03	09003	DIABETIC TRAINING	0	0	0	0	0 90.03
90.04	09004	INFUSION CENTER	0	0	0	0	0 90.04
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
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: 150006 Component CCN: 15S006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient	
	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)	Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	89,551,530	0.000000	0.000000	7,681	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,083,936	0.000000	0.000000	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	14,482,655	0.000000	0.000000	8,443	54.00
54.01 05401 NUCLEAR MEDICINE	0	3,712,568	0.000000	0.000000	0	54.01
54.02 05402 ULTRASOUND	0	6,081,693	0.000000	0.000000	2,722	54.02
57.00 05700 CT SCAN	0	23,702,837	0.000000	0.000000	39,201	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,326,459	0.000000	0.000000	17	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	19,441,936	0.000000	0.000000	1,637	59.00
60.00 06000 LABORATORY	0	52,542,768	0.000000	0.000000	239,420	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,090,210	0.000000	0.000000	48	62.00
65.00 06500 RESPIRATORY THERAPY	0	6,308,858	0.000000	0.000000	8,433	65.00
66.00 06600 PHYSICAL THERAPY	0	12,963,951	0.000000	0.000000	25,775	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	4,037,330	0.000000	0.000000	4,982	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,887,643	0.000000	0.000000	1,067	68.00
69.00 06900 ELECTROCARDIOLOGY	0	24,802,031	0.000000	0.000000	7,559	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,325,624	0.000000	0.000000	464	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	19,955,822	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	66,039,077	0.000000	0.000000	163,620	73.00
74.00 07400 RENAL DIALYSIS	0	1,913,789	0.000000	0.000000	0	74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	939,175	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	1,604,698	0.000000	0.000000	10,459	90.00
90.01 09001 DENTAL CLINIC	0	1,729,102	0.000000	0.000000	0	90.01
90.02 09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03 09003 DIABETIC TRAINING	0	156,069	0.000000	0.000000	566	90.03
90.04 09004 INFUSION CENTER	0	308,249	0.000000	0.000000	0	90.04
91.00 09100 EMERGENCY	0	25,862,100	0.000000	0.000000	163,087	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,746,394	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	417,596,504			685,181	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 9:57 am
Title XVIII		Subprovider - IPF	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	0.166759	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.718955	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.393943	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	0.248215	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0.130978	0	0	0	0	54.02
57.00 05700 CT SCAN	0.073658	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130228	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.142462	0	0	0	0	59.00
60.00 06000 LABORATORY	0.156737	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.524006	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.244411	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.320956	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.277940	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.235100	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.219484	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487993	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.416561	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.158402	0	0	2,199	0	73.00
74.00 07400 RENAL DIALYSIS	0.192280	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.278485	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.569672	0	0	0	0	90.00
90.01 09001 DENTAL CLINIC	0.292081	0	0	0	0	90.01
90.02 09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	90.02
90.03 09003 DIABETIC TRAINING	3.516502	0	0	0	0	90.03
90.04 09004 INFUSION CENTER	3.262207	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.223022	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.611648	0	0	0	0	92.00
200.00	Subtotal (see instructions)	0	0	2,199	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	2,199	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 9:57 am
	Component CCN: 15S006	Title XVII I	Subprovider - IPF

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
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NUCLEAR MEDICINE	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
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	348		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DENTAL CLINIC	0	0		90.01
90.02 09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.02
90.03 09003 DIABETIC TRAINING	0	0		90.03
90.04 09004 INFUSION CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	348		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	348		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150006 Component CCN: 15T006		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 9:57 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	1,991,772	89,551,530	0.022242	2,320	52	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	536,841	3,083,936	0.174077	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	909,389	14,482,655	0.062792	3,583	225	54.00
54.01	05401	NUCLEAR MEDICINE	71,566	3,712,568	0.019277	0	0	54.01
54.02	05402	ULTRASOUND	34,658	6,081,693	0.005699	19	0	54.02
57.00	05700	CT SCAN	107,510	23,702,837	0.004536	14,610	66	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	79,851	12,326,459	0.006478	4	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	361,384	19,441,936	0.018588	691	13	59.00
60.00	06000	LABORATORY	515,055	52,542,768	0.009803	36,538	358	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	44,761	2,090,210	0.021415	7	0	62.00
65.00	06500	RESPIRATORY THERAPY	48,100	6,308,858	0.007624	11,279	86	65.00
66.00	06600	PHYSICAL THERAPY	298,682	12,963,951	0.023039	173,904	4,007	66.00
67.00	06700	OCCUPATIONAL THERAPY	78,940	4,037,330	0.019553	141,653	2,770	67.00
68.00	06800	SPEECH PATHOLOGY	31,009	1,887,643	0.016427	34,301	563	68.00
69.00	06900	ELECTROCARDIOLOGY	730,381	24,802,031	0.029448	4,391	129	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	154,963	16,325,624	0.009492	7,628	72	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	162,524	19,955,822	0.008144	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	288,074	66,039,077	0.004362	76,562	334	73.00
74.00	07400	RENAL DIALYSIS	2,493	1,913,789	0.001303	61,062	80	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,272	939,175	0.004549	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,265	1,604,698	0.008890	0	0	90.00
90.01	09001	DENTAL CLINIC	8,097	1,729,102	0.004683	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.02
90.03	09003	DIABETIC TRAINING	7,264	156,069	0.046544	113	5	90.03
90.04	09004	INFUSION CENTER	288,743	308,249	0.936720	0	0	90.04
91.00	09100	EMERGENCY	703,277	25,862,100	0.027193	1,562	42	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,746,394	0.000000	0	0	92.00
200.00		Total (lines 50-199)	7,473,871	417,596,504		570,227	8,802	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 15T006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 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
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
54.01	05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	0	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	0	0	0	90.04
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
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: 150006 Component CCN: 15T006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	89,551,530	0.000000	0.000000	2,320	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,083,936	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,482,655	0.000000	0.000000	3,583	54.00
54.01	05401 NUCLEAR MEDICINE	0	3,712,568	0.000000	0.000000	0	54.01
54.02	05402 ULTRASOUND	0	6,081,693	0.000000	0.000000	19	54.02
57.00	05700 CT SCAN	0	23,702,837	0.000000	0.000000	14,610	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,326,459	0.000000	0.000000	4	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	19,441,936	0.000000	0.000000	691	59.00
60.00	06000 LABORATORY	0	52,542,768	0.000000	0.000000	36,538	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,090,210	0.000000	0.000000	7	62.00
65.00	06500 RESPIRATORY THERAPY	0	6,308,858	0.000000	0.000000	11,279	65.00
66.00	06600 PHYSICAL THERAPY	0	12,963,951	0.000000	0.000000	173,904	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,037,330	0.000000	0.000000	141,653	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,887,643	0.000000	0.000000	34,301	68.00
69.00	06900 ELECTROCARDIOLOGY	0	24,802,031	0.000000	0.000000	4,391	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,325,624	0.000000	0.000000	7,628	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	19,955,822	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	66,039,077	0.000000	0.000000	76,562	73.00
74.00	07400 RENAL DIALYSIS	0	1,913,789	0.000000	0.000000	61,062	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	939,175	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,604,698	0.000000	0.000000	0	90.00
90.01	09001 DENTAL CLINIC	0	1,729,102	0.000000	0.000000	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 DIABETIC TRAINING	0	156,069	0.000000	0.000000	113	90.03
90.04	09004 INFUSION CENTER	0	308,249	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	25,862,100	0.000000	0.000000	1,562	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,746,394	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	417,596,504			570,227	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 15T006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 am
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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006 Component CCN: 15T006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 9:57 am
		Title XVIII	Subprovider - IRF	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	0.166759	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.718955	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.393943	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	0.248215	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0.130978	0	0	0	0	54.02
57.00 05700 CT SCAN	0.073658	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130228	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.142462	0	0	0	0	59.00
60.00 06000 LABORATORY	0.156737	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.524006	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.244411	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.320956	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.277940	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.235100	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.219484	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487993	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.416561	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.158402	0	0	357	0	73.00
74.00 07400 RENAL DIALYSIS	0.192280	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.278485	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.569672	0	0	0	0	90.00
90.01 09001 DENTAL CLINIC	0.292081	0	0	0	0	90.01
90.02 09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	90.02
90.03 09003 DIABETIC TRAINING	3.516502	0	0	0	0	90.03
90.04 09004 INFUSION CENTER	3.262207	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.223022	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.611648	0	0	0	0	92.00
200.00	Subtotal (see instructions)	0	0	357	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	357	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 9:57 am
	Component CCN: 15T006	Title XVIII	Subprovider - IRF

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
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NUCLEAR MEDICINE	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
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	57		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DENTAL CLINIC	0	0		90.01
90.02 09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.02
90.03 09003 DIABETIC TRAINING	0	0		90.03
90.04 09004 INFUSION CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	57		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	57		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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
54.01	05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	0	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	0	0	0	90.04
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
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: 150006 Component CCN: 155297	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	89,551,530	0.000000	0.000000	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,083,936	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,482,655	0.000000	0.000000	15,127	54.00
54.01	05401 NUCLEAR MEDICINE	0	3,712,568	0.000000	0.000000	0	54.01
54.02	05402 ULTRASOUND	0	6,081,693	0.000000	0.000000	0	54.02
57.00	05700 CT SCAN	0	23,702,837	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,326,459	0.000000	0.000000	16	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	19,441,936	0.000000	0.000000	2,925	59.00
60.00	06000 LABORATORY	0	52,542,768	0.000000	0.000000	115,600	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,090,210	0.000000	0.000000	23	62.00
65.00	06500 RESPIRATORY THERAPY	0	6,308,858	0.000000	0.000000	2,076	65.00
66.00	06600 PHYSICAL THERAPY	0	12,963,951	0.000000	0.000000	2,019,082	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,037,330	0.000000	0.000000	1,535,062	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,887,643	0.000000	0.000000	78,860	68.00
69.00	06900 ELECTROCARDIOLOGY	0	24,802,031	0.000000	0.000000	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,325,624	0.000000	0.000000	36,299	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	19,955,822	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	66,039,077	0.000000	0.000000	954,997	73.00
74.00	07400 RENAL DIALYSIS	0	1,913,789	0.000000	0.000000	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	939,175	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,604,698	0.000000	0.000000	0	90.00
90.01	09001 DENTAL CLINIC	0	1,729,102	0.000000	0.000000	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 DIABETIC TRAINING	0	156,069	0.000000	0.000000	0	90.03
90.04	09004 INFUSION CENTER	0	308,249	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	25,862,100	0.000000	0.000000	19	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,746,394	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	417,596,504			4,760,086	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	90.02
90.03	09003 DIABETIC TRAINING	0	0	0	90.03
90.04	09004 INFUSION CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/28/2014 9:57 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,244,160	0	2,244,160	18,836	119.14	30.00
31.00	INTENSIVE CARE UNIT	917,226		917,226	4,308	212.91	31.00
40.00	SUBPROVIDER - IPF	1,077,966	0	1,077,966	2,722	396.02	40.00
41.00	SUBPROVIDER - IRF	199,549	0	199,549	348	573.42	41.00
43.00	NURSERY	329,860		329,860	1,470	224.39	43.00
44.00	SKILLED NURSING FACILITY	1,799,207		1,799,207	16,044	112.14	44.00
200.00	Total (lines 30-199)	6,567,968		6,567,968	43,728		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	1,404	167,273				
31.00	INTENSIVE CARE UNIT	404	86,016				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	31	17,776				
43.00	NURSERY	138	30,966				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	1,977	302,031				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/28/2014 9:57 am
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Cost Center Description		Title XIX			Hospital	PPS		
		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	1,991,772	89,551,530	0.022242	1,312,871	29,201	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	536,841	3,083,936	0.174077	327,089	56,939	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	909,389	14,482,655	0.062792	130,866	8,217	54.00
54.01	05401	NUCLEAR MEDICINE	71,566	3,712,568	0.019277	22,840	440	54.01
54.02	05402	ULTRASOUND	34,658	6,081,693	0.005699	33,030	188	54.02
57.00	05700	CT SCAN	107,510	23,702,837	0.004536	156,576	710	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	79,851	12,326,459	0.006478	36,925	239	58.00
59.00	05900	CARDIAC CATHETERIZATION	361,384	19,441,936	0.018588	186,786	3,472	59.00
60.00	06000	LABORATORY	515,055	52,542,768	0.009803	571,154	5,599	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	44,761	2,090,210	0.021415	40,889	876	62.00
65.00	06500	RESPIRATORY THERAPY	48,100	6,308,858	0.007624	179,193	1,366	65.00
66.00	06600	PHYSICAL THERAPY	298,682	12,963,951	0.023039	60,260	1,388	66.00
67.00	06700	OCCUPATIONAL THERAPY	78,940	4,037,330	0.019553	30,408	595	67.00
68.00	06800	SPEECH PATHOLOGY	31,009	1,887,643	0.016427	15,265	251	68.00
69.00	06900	ELECTROCARDIOLOGY	730,381	24,802,031	0.029448	117,930	3,473	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	154,963	16,325,624	0.009492	326,890	3,103	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	162,524	19,955,822	0.008144	242,069	1,971	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	288,074	66,039,077	0.004362	1,265,281	5,519	73.00
74.00	07400	RENAL DIALYSIS	2,493	1,913,789	0.001303	66,702	87	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,272	939,175	0.004549	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,265	1,604,698	0.008890	1,285	11	90.00
90.01	09001	DENTAL CLINIC	8,097	1,729,102	0.004683	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	90.02
90.03	09003	DIABETIC TRAINING	7,264	156,069	0.046544	971	45	90.03
90.04	09004	INFUSION CENTER	288,743	308,249	0.936720	0	0	90.04
91.00	09100	EMERGENCY	703,277	25,862,100	0.027193	116,129	3,158	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	460,368	5,746,394	0.080114	0	0	92.00
200.00		Total (lines 50-199)	7,934,239	417,596,504		5,241,409	126,848	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/28/2014 9:57 am
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Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
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	18,836	0.00	1,404	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,308	0.00	404	0		31.00
40.00	04000	SUBPROVIDER - IPF	2,722	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	348	0.00	31	0		41.00
43.00	04300	NURSERY	1,470	0.00	138	0		43.00
44.00	04400	SKILLED NURSING FACILITY	16,044	0.00	0	0		44.00
200.00		Total (lines 30-199)	43,728		1,977	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 am
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DENTAL CLINIC	0	0	0	0	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.02
90.03	09003	DIABETIC TRAINING	0	0	0	0	0	90.03
90.04	09004	INFUSION CENTER	0	0	0	0	0	90.04
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
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: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 am
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Cost Center Description		Title XIX			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	89,551,530	0.000000	0.000000	1,312,871	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,083,936	0.000000	0.000000	327,089	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,482,655	0.000000	0.000000	130,866	54.00
54.01	05401	NUCLEAR MEDICINE	0	3,712,568	0.000000	0.000000	22,840	54.01
54.02	05402	ULTRASOUND	0	6,081,693	0.000000	0.000000	33,030	54.02
57.00	05700	CT SCAN	0	23,702,837	0.000000	0.000000	156,576	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,326,459	0.000000	0.000000	36,925	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,441,936	0.000000	0.000000	186,786	59.00
60.00	06000	LABORATORY	0	52,542,768	0.000000	0.000000	571,154	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,090,210	0.000000	0.000000	40,889	62.00
65.00	06500	RESPIRATORY THERAPY	0	6,308,858	0.000000	0.000000	179,193	65.00
66.00	06600	PHYSICAL THERAPY	0	12,963,951	0.000000	0.000000	60,260	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,037,330	0.000000	0.000000	30,408	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,887,643	0.000000	0.000000	15,265	68.00
69.00	06900	ELECTROCARDIOLOGY	0	24,802,031	0.000000	0.000000	117,930	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,325,624	0.000000	0.000000	326,890	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	19,955,822	0.000000	0.000000	242,069	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,039,077	0.000000	0.000000	1,265,281	73.00
74.00	07400	RENAL DIALYSIS	0	1,913,789	0.000000	0.000000	66,702	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	939,175	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,604,698	0.000000	0.000000	1,285	90.00
90.01	09001	DENTAL CLINIC	0	1,729,102	0.000000	0.000000	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003	DIABETIC TRAINING	0	156,069	0.000000	0.000000	971	90.03
90.04	09004	INFUSION CENTER	0	308,249	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	25,862,100	0.000000	0.000000	116,129	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,746,394	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	417,596,504			5,241,409	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:57 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XIX Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0		54.01
54.02	05402 ULTRASOUND	0	0	0		54.02
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 DENTAL CLINIC	0	0	0		90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.02
90.03	09003 DIABETIC TRAINING	0	0	0		90.03
90.04	09004 INFUSION CENTER	0	0	0		90.04
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 9:57 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.166759	0	6,772,077	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.718955	0	114,812	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.393943	0	1,277,205	0	0
54.01 05401 NUCLEAR MEDICINE	0.248215	0	211,596	0	0
54.02 05402 ULTRASOUND	0.130978	0	1,072,784	0	0
57.00 05700 CT SCAN	0.073658	0	2,240,818	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130228	0	1,227,716	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.142462	0	681,444	0	0
60.00 06000 LABORATORY	0.156737	0	5,127,692	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.524006	0	36,082	0	0
65.00 06500 RESPIRATORY THERAPY	0.244411	0	210,989	0	0
66.00 06600 PHYSICAL THERAPY	0.320956	0	985,246	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.277940	0	637,078	0	0
68.00 06800 SPEECH PATHOLOGY	0.235100	0	704,059	0	0
69.00 06900 ELECTROCARDIOLOGY	0.219484	0	1,278,835	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487993	0	607,231	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.416561	0	503,112	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.158402	0	3,715,025	0	0
74.00 07400 RENAL DIALYSIS	0.192280	0	0	0	0
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.278485	0	49,526	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.569672	0	0	0	0
90.01 09001 DENTAL CLINIC	0.292081	0	0	0	0
90.02 09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0
90.03 09003 DIABETIC TRAINING	3.516502	0	16,322	0	0
90.04 09004 INFUSION CENTER	3.262207	0	31,270	0	0
91.00 09100 EMERGENCY	0.223022	0	4,683,936	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.611648	0	923,314	0	0
200.00 Subtotal (see instructions)		0	33,108,169	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	33,108,169	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 9:57 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	1,129,305	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	82,545	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	503,146	0	54.00
54.01	05401 NUCLEAR MEDICINE	52,521	0	54.01
54.02	05402 ULTRASOUND	140,511	0	54.02
57.00	05700 CT SCAN	165,054	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	159,883	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	97,080	0	59.00
60.00	06000 LABORATORY	803,699	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	18,907	0	62.00
65.00	06500 RESPIRATORY THERAPY	51,568	0	65.00
66.00	06600 PHYSICAL THERAPY	316,221	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	177,069	0	67.00
68.00	06800 SPEECH PATHOLOGY	165,524	0	68.00
69.00	06900 ELECTROCARDIOLOGY	280,684	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	296,324	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	209,577	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	588,467	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	13,792	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DENTAL CLINIC	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0	0	90.02
90.03	09003 DIABETIC TRAINING	57,396	0	90.03
90.04	09004 INFUSION CENTER	102,009	0	90.04
91.00	09100 EMERGENCY	1,044,621	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	564,743	0	92.00
200.00	Subtotal (see instructions)	7,020,646	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	7,020,646	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,836	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,836	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)		14,972	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		8,336	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)		17,133,513	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)		17,133,513	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)		17,133,513	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)		909.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,582,592	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)		7,582,592	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/28/2014 9:57 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)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,088,306	4,308	1,645.38	2,133	3,509,596		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,281,242		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					29,373,430		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)					1,447,288		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,203,016		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,650,304		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,723,126		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,864		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					909.62		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,514,772		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 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	2,244,160	17,133,513	0.130981	3,514,772	460,368	90.00
91.00	Nursing School cost	0	17,133,513	0.000000	3,514,772	0	91.00
92.00	Allied health cost	0	17,133,513	0.000000	3,514,772	0	92.00
93.00	All other Medical Education	0	17,133,513	0.000000	3,514,772	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006 Component CCN: 15S006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 am
		Title XVIII	Subprovider - IPF	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)			2,722 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			2,722 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)			2,722 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,083 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)			3,563,476 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)			3,563,476 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)			3,563,476 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)			1,309.14 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,417,799 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,417,799 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15S006				Date/Time Prepared: 5/28/2014 9:57 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	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 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					129,815		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,547,614		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)					428,890		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,541		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					438,431		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,109,183		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: 150006 Component CCN: 15S006		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,077,966	3,563,476	0.302504	0	0	90.00
91.00	Nursing School cost	0	3,563,476	0.000000	0	0	91.00
92.00	Allied health cost	0	3,563,476	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,563,476	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006 Component CCN: 15T006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 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)		348	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		348	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)		348	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)		259	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)		715,474	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)		715,474	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)		715,474	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)		2,055.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		532,494	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)		532,494	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15T006				Date/Time Prepared: 5/28/2014 9:57 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 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					144,028		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					676,522		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)					148,516		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,802		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					157,318		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					519,204		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: 150006 Component CCN: 15T006		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 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	199,549	715,474	0.278905	0	0	90.00
91.00	Nursing School cost	0	715,474	0.000000	0	0	91.00
92.00	Allied health cost	0	715,474	0.000000	0	0	92.00
93.00	All other Medical Education	0	715,474	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			16,044 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			16,044 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)			16,044 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			7,061 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)			9,463,276 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)			9,463,276 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)			9,463,276 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1	
		Component CCN: 155297		Date/Time Prepared: 5/28/2014 9:57 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				9,463,276 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				589.83 71.00
72.00	Program routine service cost (line 9 x line 71)				4,164,790 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				4,164,790 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				4,164,790 83.00
84.00	Program inpatient ancillary services (see instructions)				1,287,238 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				5,452,028 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: 150006 Component CCN: 155297		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2014 9:57 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)		18,836	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,836	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)		14,972	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,404	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)		1,470	15.00
16.00	Nursery days (title V or XIX only)		138	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)		17,133,513	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)		17,133,513	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)		17,133,513	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)		909.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,277,106	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,277,106	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 am		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,388,729	1,470	944.71	138	130,370	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,088,306	4,308	1,645.38	404	664,734	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,274,467	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,346,677	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)					284,255	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					126,848	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					411,103	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,935,574	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,864	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					909.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,514,772	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 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	2,244,160	17,133,513	0.130981	3,514,772	460,368	90.00
91.00	Nursing School cost	0	17,133,513	0.000000	3,514,772	0	91.00
92.00	Allied health cost	0	17,133,513	0.000000	3,514,772	0	92.00
93.00	All other Medical Education	0	17,133,513	0.000000	3,514,772	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 15S006		Date/Time Prepared: 5/28/2014 9:57 am
		Title XIX	Subprovider - IPF	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)		2,722	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,722	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)		2,722	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)		0	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)		1,470	15.00
16.00	Nursery days (title V or XIX only)		138	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)		3,563,476	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)		3,563,476	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)		3,563,476	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)		1,309.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15S006				Date/Time Prepared: 5/28/2014 9:57 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
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 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					496,577	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					496,577	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: 150006 Component CCN: 15S006		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006 Component CCN: 15T006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 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)			348 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			348 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)			348 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)			31 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)			1,470 15.00
16.00	Nursery days (title V or XIX only)			138 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)			715,474 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)			715,474 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)			715,474 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)			2,055.96 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			63,735 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)			63,735 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15T006				Date/Time Prepared: 5/28/2014 9:57 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	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					19,411	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					83,146	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: 150006 Component CCN: 15T006		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 am
		Title XIX	Skilled Nursing Facility	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)			16,044 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			16,044 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)			16,044 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)			0 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)			1,470 15.00
16.00	Nursery days (title V or XIX only)			138 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)			9,455,629 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)			9,455,629 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)			9,455,629 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1	
		Component CCN: 155297		Date/Time Prepared: 5/28/2014 9:57 am	
		Title XIX	Skilled Nursing Facility	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)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
	PASS THROUGH COST ADJUSTMENTS				
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST				
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY				
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				9,455,629 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				589.36 71.00
72.00	Program routine service cost (line 9 x line 71)				0 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				0 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				1,799,207 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				112.14 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				0 83.00
84.00	Program inpatient ancillary services (see instructions)				560,197 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				560,197 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: 150006 Component CCN: 155297		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 9:57 am	
		Title XIX		Skilled Nursing Facility		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: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 9:57 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		12,563,062	30.00
31.00	03100	INTENSIVE CARE UNIT		5,412,806	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.166759	17,236,552	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.718955	16,608	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.393943	1,913,571	54.00
54.01	05401	NUCLEAR MEDICINE	0.248215	715,584	54.01
54.02	05402	ULTRASOUND	0.130978	441,693	54.02
57.00	05700	CT SCAN	0.073658	3,381,919	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.130228	690,006	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142462	4,353,775	59.00
60.00	06000	LABORATORY	0.157087	8,344,422	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.524006	833,140	62.00
65.00	06500	RESPIRATORY THERAPY	0.244411	2,410,869	65.00
66.00	06600	PHYSICAL THERAPY	0.320962	1,319,387	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277940	864,160	67.00
68.00	06800	SPEECH PATHOLOGY	0.235100	218,871	68.00
69.00	06900	ELECTROCARDIOLOGY	0.219575	3,190,843	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487993	5,005,057	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.416561	6,573,338	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.158402	18,178,162	73.00
74.00	07400	RENAL DIALYSIS	0.192280	1,218,388	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.278485	604	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.569672	633,449	90.00
90.01	09001	DENTAL CLINIC	0.292081	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.02
90.03	09003	DIABETIC TRAINING	3.516502	9,218	90.03
90.04	09004	INFUSION CENTER	3.262207	4,467	90.04
91.00	09100	EMERGENCY	0.223022	2,672,583	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.611648	646,875	92.00
200.00		Total (sum of lines 50-94 and 96-98)		80,873,541	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)		80,873,541	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S006		Date/Time Prepared: 5/28/2014 9:57 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		1,576,567	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.166759	7,681	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.718955	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.393943	8,443	54.00
54.01	05401	NUCLEAR MEDICINE	0.248215	0	54.01
54.02	05402	ULTRASOUND	0.130978	2,722	54.02
57.00	05700	CT SCAN	0.073658	39,201	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.130228	17	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142462	1,637	59.00
60.00	06000	LABORATORY	0.157087	239,420	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.524006	48	62.00
65.00	06500	RESPIRATORY THERAPY	0.244411	8,433	65.00
66.00	06600	PHYSICAL THERAPY	0.320962	25,775	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277940	4,982	67.00
68.00	06800	SPEECH PATHOLOGY	0.235100	1,067	68.00
69.00	06900	ELECTROCARDIOLOGY	0.219575	7,559	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487993	464	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.416561	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.158402	163,620	73.00
74.00	07400	RENAL DIALYSIS	0.192280	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.278485	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.569672	10,459	90.00
90.01	09001	DENTAL CLINIC	0.292081	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.02
90.03	09003	DIABETIC TRAINING	3.516502	566	90.03
90.04	09004	INFUSION CENTER	3.262207	0	90.04
91.00	09100	EMERGENCY	0.223022	163,087	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.611648	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		685,181	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		685,181	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006 Component CCN: 15T006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 9:57 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
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		358,935	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.166759	2,320	387 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.718955	0	0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.393943	3,583	1,411 54.00
54.01	05401 NUCLEAR MEDICINE	0.248215	0	0 54.01
54.02	05402 ULTRASOUND	0.130978	19	2 54.02
57.00	05700 CT SCAN	0.073658	14,610	1,076 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130228	4	1 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.142462	691	98 59.00
60.00	06000 LABORATORY	0.157087	36,538	5,740 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.524006	7	4 62.00
65.00	06500 RESPIRATORY THERAPY	0.244411	11,279	2,757 65.00
66.00	06600 PHYSICAL THERAPY	0.320962	173,904	55,817 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.277940	141,653	39,371 67.00
68.00	06800 SPEECH PATHOLOGY	0.235100	34,301	8,064 68.00
69.00	06900 ELECTROCARDIOLOGY	0.219575	4,391	964 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487993	7,628	3,722 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.416561	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.158402	76,562	12,128 73.00
74.00	07400 RENAL DIALYSIS	0.192280	61,062	11,741 74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.278485	0	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.569672	0	0 90.00
90.01	09001 DENTAL CLINIC	0.292081	0	0 90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 90.02
90.03	09003 DIABETIC TRAINING	3.516502	113	397 90.03
90.04	09004 INFUSION CENTER	3.262207	0	0 90.04
91.00	09100 EMERGENCY	0.223022	1,562	348 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.611648	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		570,227	144,028 200.00
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)		570,227	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 155297		Date/Time Prepared: 5/28/2014 9:57 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.166759	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.718955	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.393943	15,127	54.00
54.01	05401	NUCLEAR MEDICINE	0.248215	0	54.01
54.02	05402	ULTRASOUND	0.130978	0	54.02
57.00	05700	CT SCAN	0.073658	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.130228	16	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142462	2,925	59.00
60.00	06000	LABORATORY	0.156737	115,600	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.524006	23	62.00
65.00	06500	RESPIRATORY THERAPY	0.244411	2,076	65.00
66.00	06600	PHYSICAL THERAPY	0.320956	2,019,082	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277940	1,535,062	67.00
68.00	06800	SPEECH PATHOLOGY	0.235100	78,860	68.00
69.00	06900	ELECTROCARDIOLOGY	0.219484	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487993	36,299	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.416561	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.158402	954,997	73.00
74.00	07400	RENAL DIALYSIS	0.192280	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.278485	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.569672	0	90.00
90.01	09001	DENTAL CLINIC	0.292081	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.02
90.03	09003	DIABETIC TRAINING	3.516502	0	90.03
90.04	09004	INFUSION CENTER	3.262207	0	90.04
91.00	09100	EMERGENCY	0.223022	19	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.611648	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,760,086	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		4,760,086	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 9:57 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		852,843		30.00
31.00	03100 INTENSIVE CARE UNIT		347,740		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		291,041		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.166759	1,312,871	218,933	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.718955	327,089	235,162	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.393943	130,866	51,554	54.00
54.01	05401 NUCLEAR MEDICINE	0.248215	22,840	5,669	54.01
54.02	05402 ULTRASOUND	0.130978	33,030	4,326	54.02
57.00	05700 CT SCAN	0.073658	156,576	11,533	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130228	36,925	4,809	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.142462	186,786	26,610	59.00
60.00	06000 LABORATORY	0.157087	571,154	89,721	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.524006	40,889	21,426	62.00
65.00	06500 RESPIRATORY THERAPY	0.244411	179,193	43,797	65.00
66.00	06600 PHYSICAL THERAPY	0.320962	60,260	19,341	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.277940	30,408	8,452	67.00
68.00	06800 SPEECH PATHOLOGY	0.235100	15,265	3,589	68.00
69.00	06900 ELECTROCARDIOLOGY	0.219575	117,930	25,894	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487993	326,890	159,520	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.416561	242,069	100,837	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.158402	1,265,281	200,423	73.00
74.00	07400 RENAL DIALYSIS	0.192280	66,702	12,825	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.278485	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.569672	1,285	732	90.00
90.01	09001 DENTAL CLINIC	0.292081	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.02
90.03	09003 DIABETIC TRAINING	3.516502	971	3,415	90.03
90.04	09004 INFUSION CENTER	3.262207	0	0	90.04
91.00	09100 EMERGENCY	0.223022	116,129	25,899	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.611648	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		5,241,409	1,274,467	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)		5,241,409		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S006		Date/Time Prepared: 5/28/2014 9:57 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		670,062		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.166759	511,627	85,318	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.718955	127,467	91,643	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.393943	50,999	20,091	54.00
54.01	05401 NUCLEAR MEDICINE	0.248215	8,901	2,209	54.01
54.02	05402 ULTRASOUND	0.130978	12,872	1,686	54.02
57.00	05700 CT SCAN	0.073658	61,018	4,494	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130228	14,390	1,874	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.142462	72,791	10,370	59.00
60.00	06000 LABORATORY	0.156737	222,579	34,886	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.524006	15,935	8,350	62.00
65.00	06500 RESPIRATORY THERAPY	0.244411	69,832	17,068	65.00
66.00	06600 PHYSICAL THERAPY	0.320956	23,484	7,537	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.277940	11,850	3,294	67.00
68.00	06800 SPEECH PATHOLOGY	0.235100	5,949	1,399	68.00
69.00	06900 ELECTROCARDIOLOGY	0.219484	45,958	10,087	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487993	127,389	62,165	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.416561	94,335	39,296	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.158402	493,082	78,105	73.00
74.00	07400 RENAL DIALYSIS	0.192280	25,994	4,998	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.278485	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.569672	501	285	90.00
90.01	09001 DENTAL CLINIC	0.292081	0	0	90.01
90.02	09002 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.02
90.03	09003 DIABETIC TRAINING	3.516502	378	1,329	90.03
90.04	09004 INFUSION CENTER	3.262207	0	0	90.04
91.00	09100 EMERGENCY	0.223022	45,255	10,093	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.611648	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,042,586	496,577	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)		2,042,586		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T006		Date/Time Prepared: 5/28/2014 9:57 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
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		26,190	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.166759	19,997	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.718955	4,982	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.393943	1,993	54.00
54.01	05401	NUCLEAR MEDICINE	0.248215	348	54.01
54.02	05402	ULTRASOUND	0.130978	503	54.02
57.00	05700	CT SCAN	0.073658	2,385	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.130228	562	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142462	2,845	59.00
60.00	06000	LABORATORY	0.156737	8,700	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.524006	623	62.00
65.00	06500	RESPIRATORY THERAPY	0.244411	2,729	65.00
66.00	06600	PHYSICAL THERAPY	0.320956	918	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277940	463	67.00
68.00	06800	SPEECH PATHOLOGY	0.235100	233	68.00
69.00	06900	ELECTROCARDIOLOGY	0.219484	1,796	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487993	4,979	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.416561	3,687	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.158402	19,273	73.00
74.00	07400	RENAL DIALYSIS	0.192280	1,016	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.278485	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.569672	20	90.00
90.01	09001	DENTAL CLINIC	0.292081	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.02
90.03	09003	DIABETIC TRAINING	3.516502	15	90.03
90.04	09004	INFUSION CENTER	3.262207	0	90.04
91.00	09100	EMERGENCY	0.223022	1,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.611648	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		79,836	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)		79,836	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 155297		Date/Time Prepared: 5/28/2014 9:57 am	
		Title XIX	Skilled Nursing Facility	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.166759	577,172	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.718955	143,797	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.393943	57,532	54.00
54.01	05401	NUCLEAR MEDICINE	0.248215	10,041	54.01
54.02	05402	ULTRASOUND	0.130978	14,521	54.02
57.00	05700	CT SCAN	0.073658	68,835	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.130228	16,233	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.142462	82,116	59.00
60.00	06000	LABORATORY	0.156737	251,094	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.524006	17,976	62.00
65.00	06500	RESPIRATORY THERAPY	0.244411	78,778	65.00
66.00	06600	PHYSICAL THERAPY	0.320956	26,492	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.277940	13,368	67.00
68.00	06800	SPEECH PATHOLOGY	0.235100	6,711	68.00
69.00	06900	ELECTROCARDIOLOGY	0.219484	51,845	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487993	143,709	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.416561	106,420	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.158402	556,251	73.00
74.00	07400	RENAL DIALYSIS	0.192280	29,324	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.278485	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.569672	565	90.00
90.01	09001	DENTAL CLINIC	0.292081	0	90.01
90.02	09002	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.02
90.03	09003	DIABETIC TRAINING	3.516502	427	90.03
90.04	09004	INFUSION CENTER	3.262207	0	90.04
91.00	09100	EMERGENCY	0.223022	51,053	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.611648	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		2,304,260	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)		2,304,260	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 9:57 am
		Title XVIII	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)		13,354,463	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		4,268,285	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)		842,396	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		113.41	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)		3.74	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.66	31.00
32.00	Sum of lines 30 and 31		22.40	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.70	33.00
34.00	Disproportionate share adjustment (see instructions)		1,110,458	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 9:57 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000125090	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			1,131,612	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			285,228	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		285,228		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)		19,860,830		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)		19,860,830		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,648,503		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)		21,509,333		59.00
60.00	Primary payer payments		7,638		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		21,501,695		61.00
62.00	Deductibles billed to program beneficiaries		2,069,839		62.00
63.00	Coinurance billed to program beneficiaries		16,280		63.00
64.00	Allowable bad debts (see instructions)		156,571		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		101,771		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		156,571		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		19,517,347		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			-30,627	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-14,525	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: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 9:57 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)		19,472,195		71.00
71.01	Sequestration adjustment (see instructions)		294,030		71.01
72.00	Interim payments		19,312,562		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		-134,397		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		1,490,782		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
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: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 9:57 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		22,824	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,483,318	2.00
3.00	PPS payments		11,936,903	3.00
4.00	Outlier payment (see instructions)		240,453	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		22,824	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		144,086	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)		144,086	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)		144,086	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		121,262	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)		22,824	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)		12,177,356	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)		2,509,044	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)		9,691,136	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)		9,691,136	30.00
31.00	Primary payer payments		698	31.00
32.00	Subtotal (line 30 minus line 31)		9,690,438	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)		281,151	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		182,748	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		281,151	36.00
37.00	Subtotal (see instructions)		9,873,186	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)		9,873,186	40.00
40.01	Sequestration adjustment (see instructions)		149,085	40.01
41.00	Interim payments		9,656,923	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		67,178	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 9:57 am
		Component CCN: 15S006	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		348	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		744	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		348	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,199	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)		2,199	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)		2,199	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,851	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)		348	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)		744	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)		0	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)		1,092	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)		1,092	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,092	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,092	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)		1,092	40.00
40.01	Sequestration adjustment (see instructions)		16	40.01
41.00	Interim payments		737	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		339	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 9:57 am
		Component CCN: 15T006	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		57	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		112	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		57	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		357	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)		357	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)		357	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		300	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)		57	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)		112	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)		0	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)		169	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)		169	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		169	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		169	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)		169	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
41.00	Interim payments		112	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		54	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150006

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 9:57 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		19,312,562		9,656,923	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)		19,312,562		9,656,923	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		67,178	6.01	
6.02	SETTLEMENT TO PROGRAM		134,397		0	6.02	
7.00	Total Medicare program liability (see instructions)		19,178,165		9,724,101	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150006
Component CCN: 15S006

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 9:57 am
PPS

Title XVIII

Subprovider -
IPF

		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		713,177		737	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)		713,177		737	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		708		339	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		713,885		1,076	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150006
Component CCN: 15T006

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 9:57 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		325,366		112	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)		325,366		112	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		4,954		54	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		330,320		166	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150006
Component CCN: 155297

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 9:57 am
PPS

Title XVIII

Skilled Nursing
Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				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		2,745,162		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)		2,745,162		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		3,362		0	6.02
7.00	Total Medicare program liability (see instructions)		2,741,800		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150006

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

Worksheet E-1
Part II
Date/Time Prepared:
5/28/2014 9:57 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			5,072 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			10,469 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,324 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			19,280 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			468,487,309 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			11,907,116 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)			1,310,711 8.00
9.00	Sequestration adjustment amount (see instructions)			26,214 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,284,497 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,438,114 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)			-153,617 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/28/2014 9:57 am
		Component CCN: 15S006	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		864,077	1.00
2.00	Net IPF PPS Outlier Payments		14,377	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		7.457534	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		878,454	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		878,454	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		878,454	18.00
19.00	Deductibles		134,976	19.00
20.00	Subtotal (line 18 minus line 19)		743,478	20.00
21.00	Coinsurance		18,648	21.00
22.00	Subtotal (line 20 minus line 21)		724,830	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		724,830	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		724,830	31.00
31.01	Sequestration adjustment (see instructions)		10,945	31.01
32.00	Interim payments		713,177	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		708	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		14,377	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: 150006 Component CCN: 15T006	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/28/2014 9:57 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)		297,841	0
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0638	
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		20,194	0
4.00	Outlier Payments		24,453	
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	
5.01	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	
6.00	New Teaching program adjustment. (see instructions)		0.00	
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	
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	
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	
10.00	Average Daily Census (see instructions)		0.953425	
11.00	Teaching Adjustment Factor (see instructions)		0.000000	0.000000
12.00	Teaching Adjustment (see instructions)		0	0
13.00	Total PPS Payment (see instructions)		342,488	
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	
15.00	Organ acquisition (DO NOT USE THIS LINE)			
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	
17.00	Subtotal (see instructions)		342,488	
18.00	Primary payer payments		0	
19.00	Subtotal (line 17 less line 18).		342,488	
20.00	Deductibles		7,104	
21.00	Subtotal (line 19 minus line 20)		335,384	
22.00	Coinurance		0	
23.00	Subtotal (line 21 minus line 22)		335,384	
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	
25.00	Adjusted reimbursable bad debts (see instructions)		0	
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	
27.00	Subtotal (sum of lines 23 and 25)		335,384	
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	
29.00	Other pass through costs (see instructions)		0	
30.00	Outlier payments reconciliation		0	
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
31.99	Recovery of Accelerated Depreciation		0	
32.00	Total amount payable to the provider (see instructions)		335,384	
32.01	Sequestration adjustment (see instructions)		5,064	
33.00	Interim payments		325,366	
34.00	Tentative settlement (for contractor use only)		0	
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		4,954	
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		24,453	
51.00	Outlier reconciliation adjustment amount (see instructions)		0	
52.00	The rate used to calculate the Time Value of Money		0.00	
53.00	Time Value of Money (see instructions)		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150006 Component CCN: 155297	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VI Date/Time Prepared: 5/28/2014 9:57 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		3,058,080	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		3,058,080	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		274,244	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		2,783,836	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		2,783,836	15.00
15.01	Sequestration adjustment (see instructions)		42,036	15.01
16.00	Interim payments		2,745,162	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17		-3,362	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 150006

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

Worksheet G

Date/Time Prepared:
5/28/2014 9:57 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	30,395,750	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	49,453,159	0	0	0	4.00
5.00	Other receivable	2,894,986	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-24,594,712	0	0	0	6.00
7.00	Inventory	2,754,032	0	0	0	7.00
8.00	Prepaid expenses	1,653,023	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	62,556,238	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,397,462	0	0	0	12.00
13.00	Land improvements	2,055,844	0	0	0	13.00
14.00	Accumulated depreciation	-1,451,903	0	0	0	14.00
15.00	Buildings	44,368,649	0	0	0	15.00
16.00	Accumulated depreciation	-73,324,992	0	0	0	16.00
17.00	Leasehold improvements	69,753,300	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	87,026,095	0	0	0	23.00
24.00	Accumulated depreciation	-64,185,757	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)	69,638,698	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	105,228,459	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	80,156	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	105,308,615	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	237,503,551	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,443,569	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,592,121	0	0	0	38.00
39.00	Payroll taxes payable	4,680,809	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,802,825	0	0	0	40.00
41.00	Deferred income	173,233	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	4,371,151	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,063,708	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	33,363,542	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	33,363,542	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	56,427,250	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	181,076,301	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	181,076,301	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	237,503,551	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150006

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

Worksheet G-1

Date/Time Prepared:
5/28/2014 9:57 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		160,854,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		17,581,028			2.00
3.00	Total (sum of line 1 and line 2)		178,435,028		0	3.00
4.00	INCREASE IN ASSETS	5,311,551		0		4.00
5.00	DECREASE IN LIABILITIES	14,910,750		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)		20,222,301		0	10.00
11.00	Subtotal (line 3 plus line 10)		198,657,329		0	11.00
12.00	INTERCOMPANY CONTRIBUTIONS	17,581,028		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)		17,581,028		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		181,076,301		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	INCREASE IN ASSETS		0			4.00
5.00	DECREASE IN LIABILITIES		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	INTERCOMPANY CONTRIBUTIONS		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: 150006

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2014 9:57 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	24,749,350		24,749,350	1.00
2.00	SUBPROVIDER - IPF	4,115,257		4,115,257	2.00
3.00	SUBPROVIDER - IRF	483,333		483,333	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	9,833,171		9,833,171	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)	39,181,111		39,181,111	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,038,532		12,038,532	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,038,532		12,038,532	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	51,219,643		51,219,643	17.00
18.00	Ancillary services	158,972,458	222,888,595	381,861,053	18.00
19.00	Outpatient services	7,109,660	28,296,952	35,406,612	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NON-REIMBURSABLE	5,122,744	10,047,965	15,170,709	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	222,424,505	261,233,512	483,658,017	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		160,178,179		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		160,178,179		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150006

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

Worksheet G-3

Date/Time Prepared:
5/28/2014 9:57 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	483,658,017	1.00
2.00	Less contractual allowances and discounts on patients' accounts	320,924,236	2.00
3.00	Net patient revenues (line 1 minus line 2)	162,733,781	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	160,178,179	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,555,602	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	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	MISCELLANEOUS INCOME	15,025,426	24.00
25.00	Total other income (sum of lines 6-24)	15,025,426	25.00
26.00	Total (line 5 plus line 25)	17,581,028	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	17,581,028	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150006	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/28/2014 9:57 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,394,889	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		188,891	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)		53.72	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)		3.74	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.66	8.00
9.00	Sum of lines 7 and 8		22.40	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.64	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		64,723	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,648,503	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