

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: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/28/2014 2:06 pm
--	----------------------	---	--

<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/28/2014	Time: 2:06 pm
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 IU HEALTH WEST HOSPITAL ( 150158 ) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	187,038	162,728	331,070	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	187,038	162,728	331,070	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: 150158			Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 12:47 pm					
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1111 N. RONALD REAGAN PARKWAY			PO Box:						1.00		
2.00	City: AVON		State: IN		Zip Code: 46123-7085		County: HENDRICKS			2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		IU HEALTH WEST HOSPITAL		150158	26900	1	12/01/2004	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2013	12/31/2013		20.00		
21.00	Type of Control (see instructions)						4		21.00			
<u>Inpatient PPS Information</u>												
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.			1,697	971	0	19	2,800	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0		25.00		
							Urban/Rural	S	Date of Geogr			
							1.00		2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							1		26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							1		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0		35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 12:47 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 12:47 pm		
	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
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150158		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 12:47 pm	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	3.00
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
				V	XIX		
				1.00	2.00		
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 12:47 pm	
		V	XIX		
		1.00	2.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	277,949	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H059	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 12:47 pm			
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, INC.	Contractor's Name: WPS		Contractor's Number: 08101			
142.00	Street: 340 WEST 10TH ST	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.				N	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						
					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	
					Beginni ng	Endi ng	
					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: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 12:47 pm	
			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	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/21/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 12:47 pm
---	--	----------------------	---	---

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			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
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			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
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			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
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
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.			Y	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
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			
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	

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/21/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 150158

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2014 12:47 pm

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	111	40,794	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)		111	40,794	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	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)		127	46,634	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		127				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: 150158

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2014 12:47 pm

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)	11,146	1,263	25,533			1.00
2.00 HMO and other (see instructions)	5,743	3,622				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,146	1,263	25,533			7.00
8.00 INTENSIVE CARE UNIT	2,371	235	4,761			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		193	3,393			13.00
14.00 Total (see instructions)	13,517	1,691	33,687	0.00	742.07	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	73			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	742.07	27.00
28.00 Observation Bed Days		298	1,860			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	2	174	700			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: 150158

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2014 12:47 pm

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	2,521	1,383	8,160	1.00
2.00 HMO and other (see instructions)			1,087			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	2,521	1,383	8,160	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						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: 150158		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/28/2014 12:47 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	45,846,237	-152,061	45,694,176	1,543,513.00	29.60	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		874,424	-468	873,956	32,575.00	26.83	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		82,949	0	82,949	1,647.00	50.36	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		7,240,406	0	7,240,406	230,028.00	31.48	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		11,646,812	0	11,646,812			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		205,610	0	205,610			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	383,401	-671	382,730	11,898.00	32.17	26.00
27.00	Administrative & General	5.00	3,049,698	0	3,049,698	94,736.00	32.19	27.00
28.00	Administrative & General under contract (see inst.)		302,576	0	302,576	1,264.00	239.38	28.00
29.00	Maintenance & Repairs	6.00	637,178	0	637,178	28,618.00	22.26	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	800,518	-2,849	797,669	65,046.00	12.26	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,089,608	-685,634	403,974	32,024.00	12.61	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	685,634	685,634	42,781.00	16.03	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,401,791	2,875	2,404,666	55,815.00	43.08	38.00
39.00	Central Services and Supply	14.00	287,670	-3,440	284,230	14,166.00	20.06	39.00
40.00	Pharmacy	15.00	2,022,393	-6,222	2,016,171	53,156.00	37.93	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150158

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/28/2014 12:47 pm

		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	219,399	-5,873	213,526	7,707.00	27.71	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: 150158

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/28/2014 12:47 pm

	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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	46,148,813	-152,061	45,996,752	1,544,777.00	29.78	1.00
2.00	Excluded area salaries (see instructions)	874,424	-468	873,956	32,575.00	26.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,274,389	-151,593	45,122,796	1,512,202.00	29.84	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,323,355	0	7,323,355	231,675.00	31.61	4.00
5.00	Subtotal wage-related costs (see inst.)	11,646,812	0	11,646,812	0.00	25.81	5.00
6.00	Total (sum of lines 3 thru 5)	64,244,556	-151,593	64,092,963	1,743,877.00	36.75	6.00
7.00	Total overhead cost (see instructions)	11,194,232	-16,180	11,178,052	407,211.00	27.45	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2014 12:47 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		1,715,554	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		6,278,580	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		202,160	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		47,736	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)		102,035	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		9,567	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		3,279,114	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		217,675	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		11,852,421	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/28/2014 12:47 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		385,525	11,852,422
2.00	Hospital		385,525	11,852,422
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis			
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/28/2014 12:47 pm
---	--	----------------------	---	---

				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.209792	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			10,841,920	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			69,278,975	6.00	
7.00	Medicaid cost (line 1 times line 6)			14,534,175	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			3,692,255	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP			0	9.00	
10.00	Stand-alone SCHIP charges			0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			741,248	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			5,328,615	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			1,117,901	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			376,653	16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			4,068,908	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			71,661,341	7,337,309	78,998,650
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			15,033,976	1,539,309	16,573,285
22.00	Partial payment by patients approved for charity care			318,089	609,267	927,356
23.00	Cost of charity care (line 21 minus line 22)			14,715,887	930,042	15,645,929
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)					13,920,641
27.00	Medicare bad debts for the entire hospital complex (see instructions)					434,076
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)					13,486,565
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)					2,829,373
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)					18,475,302
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					22,544,210

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150158

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

Worksheet A  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	5,618,038	5,618,038	1.00	
1.01	00101	MOB	449,879	449,879	361,957	811,836	1.01	
1.02	00102	INTEREST	0	0	6,420,276	6,420,276	1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	3,709,319	3,709,319	2.00	
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	383,401	697,245	1,080,646	8,332,003	4.00	
5.01	00510	NONPATIENT TELEPHONES	0	71,200	71,200	71,200	5.01	
5.02	00511	DATA PROCESSING	196,901	158,224	355,125	-134,646	220,479	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	236,377	105,480	341,857	-56,741	285,116	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	2,616,420	50,084,625	52,701,045	-15,425,294	37,275,751	5.04
6.00	00600	MAINTENANCE & REPAIRS	637,178	2,668,094	3,305,272	-112,554	3,192,718	6.00
7.00	00700	OPERATION OF PLANT	0	274,054	274,054	-686	273,368	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	476,812	476,812	-766	476,046	8.00
9.00	00900	HOUSEKEEPING	800,518	2,878,946	3,679,464	-340,370	3,339,094	9.00
10.00	01000	DIETARY	1,089,608	1,472,809	2,562,417	-1,669,800	892,617	10.00
11.00	01100	CAFETERIA	0	0	0	1,376,945	1,376,945	11.00
13.00	01300	NURSING ADMINISTRATION	2,401,791	1,144,025	3,545,816	-291,553	3,254,263	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	287,670	66,295	353,965	5,828,313	6,182,278	14.00
15.00	01500	PHARMACY	2,022,393	3,788,036	5,810,429	-3,364,813	2,445,616	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	219,399	68,980	288,379	-48,367	240,012	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	13,160,346	5,370,234	18,530,580	-4,687,600	13,842,980	30.00
31.00	03100	INTENSIVE CARE UNIT	2,790,631	1,188,726	3,979,357	-581,129	3,398,228	31.00
43.00	04300	NURSERY	1,072,018	304,021	1,376,039	271,833	1,647,872	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,050,249	9,836,129	11,886,378	-9,137,466	2,748,912	50.00
51.00	05100	RECOVERY ROOM	1,715,016	578,285	2,293,301	-479,163	1,814,138	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,469,391	2,321,728	5,791,119	-1,231,162	4,559,957	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	715,217	575,938	1,291,155	-143,672	1,147,483	55.00
59.00	05900	CARDIAC CATHETERIZATION	580,234	1,508,700	2,088,934	-1,494,642	594,292	59.00
60.00	06000	LABORATORY	394,377	5,559,943	5,954,320	-837,513	5,116,807	60.00
65.00	06500	RESPIRATORY THERAPY	1,206,916	427,030	1,633,946	-329,281	1,304,665	65.00
66.00	06600	PHYSICAL THERAPY	1,144,547	460,030	1,604,577	-325,880	1,278,697	66.00
67.00	06700	OCCUPATIONAL THERAPY	320,564	96,470	417,034	-61,025	356,009	67.00
68.00	06800	SPEECH PATHOLOGY	110,690	24,868	135,558	-16,192	119,366	68.00
69.00	06900	ELECTROCARDIOLOGY	542,377	596,731	1,139,108	-116,260	1,022,848	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,362,726	2,362,726	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,915,686	5,915,686	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,814,629	2,814,629	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	191,715	100,782	292,497	-73,724	218,773	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	397,302	290,255	687,557	-180,137	507,420	90.02
91.00	09100	EMERGENCY	4,218,567	2,212,913	6,431,480	-1,463,889	4,967,591	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,971,813	95,857,487	140,829,300	407,400	141,236,700	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	78,060	232,769	310,829	-38,254	272,575	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	419,847	3,045,557	3,465,404	-98,721	3,366,683	192.01
192.02	19202	MARKETING	204,606	948,930	1,153,536	-23,451	1,130,085	192.02
192.03	19203	BACK AND NECK	171,911	309,726	481,637	-246,974	234,663	192.03
200.00		TOTAL (SUM OF LINES 118-199)	45,846,237	100,394,469	146,240,706	0	146,240,706	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150158

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

Worksheet A  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-340,050	5,277,988	1.00
1.01	00101 MOB	-569,292	242,544	1.01
1.02	00102 INTEREST	-30,318	6,389,958	1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	942,316	4,651,635	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	1,194,452	10,607,101	4.00
5.01	00510 NONPATIENT TELEPHONES	0	71,200	5.01
5.02	00511 DATA PROCESSING	5,862,315	6,082,794	5.02
5.03	00512 PURCHASING, RECEIVING AND STORES	283,301	568,417	5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL	-21,304,613	15,971,138	5.04
6.00	00600 MAINTENANCE & REPAIRS	-366,179	2,826,539	6.00
7.00	00700 OPERATION OF PLANT	758,067	1,031,435	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	476,046	8.00
9.00	00900 HOUSEKEEPING	115,992	3,455,086	9.00
10.00	01000 DIETARY	0	892,617	10.00
11.00	01100 CAFETERIA	-774,730	602,215	11.00
13.00	01300 NURSING ADMINISTRATION	35,529	3,289,792	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	6,182,278	14.00
15.00	01500 PHARMACY	-5,542	2,440,074	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	240,012	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-130,670	13,712,310	30.00
31.00	03100 INTENSIVE CARE UNIT	0	3,398,228	31.00
43.00	04300 NURSERY	0	1,647,872	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	-68,967	2,679,945	50.00
51.00	05100 RECOVERY ROOM	0	1,814,138	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-18,840	4,541,117	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	-4,377	1,143,106	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	594,292	59.00
60.00	06000 LABORATORY	-6,667	5,110,140	60.00
65.00	06500 RESPIRATORY THERAPY	0	1,304,665	65.00
66.00	06600 PHYSICAL THERAPY	-12,785	1,265,912	66.00
67.00	06700 OCCUPATIONAL THERAPY	-48	355,961	67.00
68.00	06800 SPEECH PATHOLOGY	0	119,366	68.00
69.00	06900 ELECTROCARDIOLOGY	-435,010	587,838	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,362,726	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	5,915,686	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,814,629	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	-1,085	217,688	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 SLEEP LAB	0	507,420	90.02
91.00	09100 EMERGENCY	-281,875	4,685,716	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-15,159,076	126,077,624	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	272,575	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 RETAIL PHARMACY	27,975	3,394,658	192.01
192.02	19202 MARKETING	0	1,130,085	192.02
192.03	19203 BACK AND NECK	-181,352	53,311	192.03
200.00	TOTAL (SUM OF LINES 118-199)	-15,312,453	130,928,253	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - NON-BILLABLE SUPPLIES</b>					
1.00	OPERATION OF PLANT	7.00	0	1,043	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,895,116	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
TOTALS			0	5,896,159	
<b>B - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	5,915,686	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
TOTALS			0	5,915,686	
<b>C - BILLABLE MEDICAL SUPPLIES</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	275	1.00
2.00	HOUSEKEEPING	9.00	0	207	2.00
3.00	PHARMACY	15.00	0	5,785	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	58	4.00
5.00	LABORATORY	60.00	0	9,523	5.00
6.00	RESPIRATORY THERAPY	65.00	0	1,036	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,362,726	7.00
8.00	SLEEP LAB	90.02	0	251	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
TOTALS			0	2,379,861	
<b>D - PTO</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	903	1.00
2.00	DIETARY	10.00	0	2,315	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,992	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,653	4.00
5.00	MARKETING	192.02	0	2,440	5.00
TOTALS			0	11,303	
<b>E - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	8,343,331	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
<b>TOTALS</b>					<b>8,343,331</b>	
<b>H - CAFETERIA</b>						
1.00	CAFETERIA	11.00	685,634	691,311		1.00
<b>TOTALS</b>					<b>685,634</b>	<b>691,311</b>
<b>I - INTEREST</b>						
1.00	INTEREST	1.02	0	6,420,276		1.00
2.00	DATA PROCESSING	5.02	0	7,817		2.00
3.00	NURSING ADMINISTRATION	13.00	0	231		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	272		4.00
5.00	OPERATING ROOM	50.00	0	183		5.00
6.00	EMERGENCY	91.00	0	340		6.00
7.00		0.00	0	0		7.00
<b>TOTALS</b>					<b>6,429,119</b>	
<b>J - MOB</b>						
1.00	MOB	1.01	0	361,957		1.00
<b>TOTALS</b>					<b>0</b>	<b>361,957</b>
<b>K - NURSERY</b>						
1.00	NURSERY	43.00	430,910	62,717		1.00
<b>TOTALS</b>					<b>430,910</b>	<b>62,717</b>
<b>L - PACU</b>						
1.00	ADULTS & PEDIATRICS	30.00	36,867	3,362		1.00
<b>TOTALS</b>					<b>36,867</b>	<b>3,362</b>
<b>M - DEPRECIATION</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,822,158		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,356,125		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
<b>TOTALS</b>					<b>0</b>	<b>8,178,283</b>
<b>N - LEASE</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	795,880		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	715,151		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

RECLASSIFICATIONS

Provider CCN: 150158

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

Worksheet A-6

Date/Time Prepared:  
5/28/2014 12:47 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	<b>TOTALS</b>		0	1,511,031	
<b>Q - INPATIENT CARE SERVICES ADMIN</b>					
1.00	NURSING ADMINISTRATION	13.00	8,305	2,005	1.00
2.00	INTENSIVE CARE UNIT	31.00	178,365	43,061	2.00
	<b>TOTALS</b>		186,670	45,066	
<b>P - BILLABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,814,629	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
	<b>TOTALS</b>		0	2,814,629	
<b>Q - SHORT TERM DISABILITY BENEFIT</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	671	1.00
2.00	HOUSEKEEPING	9.00	0	2,849	2.00
3.00	NURSING ADMINISTRATION	13.00	0	5,430	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,440	4.00
5.00	PHARMACY	15.00	0	6,222	5.00
6.00	SOCIAL SERVICE	17.00	0	5,873	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	53,737	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	12,727	8.00
9.00	NURSERY	43.00	0	4,284	9.00
10.00	OPERATING ROOM	50.00	0	6,168	10.00
11.00	RECOVERY ROOM	51.00	0	4,112	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,234	12.00
13.00	LABORATORY	60.00	0	603	13.00
14.00	RESPIRATORY THERAPY	65.00	0	4,167	14.00
15.00	PHYSICAL THERAPY	66.00	0	7,847	15.00
16.00	SPEECH PATHOLOGY	68.00	0	7,142	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	4,433	17.00
18.00	SLEEP LAB	90.02	0	8,408	18.00
19.00	EMERGENCY	91.00	0	12,246	19.00
20.00	RETAIL PHARMACY	192.01	0	468	20.00
	<b>TOTALS</b>		0	152,061	
500.00	Grand Total: Increases		1,340,081	42,795,876	500.00

RECLASSIFICATIONS

Provider CCN: 150158

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

Worksheet A-6  
Date/Time Prepared:  
5/28/2014 12:47 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - NON-BILLABLE SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	25	0	1.00	
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	34	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	22,211	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	52	0	4.00	
5.00	LAUNDRY & LINEN SERVICE	8.00	0	766	0	5.00	
6.00	HOUSEKEEPING	9.00	0	28,528	0	6.00	
7.00	DIETARY	10.00	0	801	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	755	0	8.00	
9.00	PHARMACY	15.00	0	4,492	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	1,326,715	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	289,305	0	11.00	
12.00	NURSERY	43.00	0	55,415	0	12.00	
13.00	OPERATING ROOM	50.00	0	2,013,004	0	13.00	
14.00	RECOVERY ROOM	51.00	0	112,931	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	280,357	0	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	13,473	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	149,022	0	17.00	
18.00	LABORATORY	60.00	0	729,971	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	99,419	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	66,627	0	20.00	
21.00	OCCUPATIONAL THERAPY	67.00	0	3,226	0	21.00	
22.00	SPEECH PATHOLOGY	68.00	0	159	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	22,105	0	23.00	
24.00	CARDIAC REHABILITATION	76.97	0	4,932	0	24.00	
25.00	SLEEP LAB	90.02	0	34,068	0	25.00	
26.00	EMERGENCY	91.00	0	633,594	0	26.00	
27.00	RETAIL PHARMACY	192.01	0	926	0	27.00	
28.00	MARKETING	192.02	0	2,090	0	28.00	
29.00	BACK AND NECK	192.03	0	1,156	0	29.00	
TOTALS			0	5,896,159			
<b>B - IMPLANTABLE DEVICES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	718	0	1.00	
2.00	OPERATING ROOM	50.00	0	5,053,255	0	2.00	
3.00	RECOVERY ROOM	51.00	0	642	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	349	0	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	0	860,672	0	5.00	
6.00	PHYSICAL THERAPY	66.00	0	50	0	6.00	
TOTALS			0	5,915,686			
<b>C - BILLABLE MEDICAL SUPPLIES</b>							
1.00	NURSING ADMINISTRATION	13.00	0	1	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	123,208	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	7,490	0	3.00	
4.00	NURSERY	43.00	0	667	0	4.00	
5.00	OPERATING ROOM	50.00	0	1,483,291	0	5.00	
6.00	RECOVERY ROOM	51.00	0	1,085	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	353,201	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	393,876	0	8.00	
9.00	PHYSICAL THERAPY	66.00	0	3,779	0	9.00	
10.00	ELECTROCARDIOLOGY	69.00	0	1,337	0	10.00	
11.00	EMERGENCY	91.00	0	11,903	0	11.00	
12.00	RETAIL PHARMACY	192.01	0	23	0	12.00	
TOTALS			0	2,379,861			
<b>D - PTO</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	11,303	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
TOTALS			0	11,303			
<b>E - EMPLOYEE BENEFITS</b>							
1.00	DATA PROCESSING	5.02	0	26,976	0	1.00	
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	54,983	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	385,022	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	112,502	0	4.00	
5.00	HOUSEKEEPING	9.00	0	312,049	0	5.00	
6.00	DIETARY	10.00	0	289,725	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	301,338	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	66,803	0	8.00	
9.00	PHARMACY	15.00	0	327,159	0	9.00	

RECLASSIFICATIONS

Provider CCN: 150158

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

Worksheet A-6  
Date/Time Prepared:  
5/28/2014 12:47 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
10.00	SOCIAL SERVICE	17.00	0	46,022	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	2,479,870	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	475,521	0	12.00	
13.00	NURSERY	43.00	0	165,600	0	13.00	
14.00	OPERATING ROOM	50.00	0	429,970	0	14.00	
15.00	RECOVERY ROOM	51.00	0	324,276	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	560,624	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	129,004	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	89,392	0	18.00	
19.00	LABORATORY	60.00	0	81,073	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	223,363	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	227,610	0	21.00	
22.00	OCCUPATIONAL THERAPY	67.00	0	57,799	0	22.00	
23.00	SPEECH PATHOLOGY	68.00	0	16,033	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	92,210	0	24.00	
25.00	CARDIAC REHABILITATION	76.97	0	42,910	0	25.00	
26.00	SLEEP LAB	90.02	0	74,217	0	26.00	
27.00	EMERGENCY	91.00	0	810,443	0	27.00	
28.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	14,370	0	28.00	
29.00	RETAIL PHARMACY	192.01	0	67,160	0	29.00	
30.00	MARKETING	192.02	0	23,801	0	30.00	
31.00	BACK AND NECK	192.03	0	35,506	0	31.00	
	TOTALS		0	8,343,331			
H - CAFETERIA							
1.00	DIETARY	10.00	685,634	691,311	0	1.00	
	TOTALS		685,634	691,311			
I - INTEREST							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	6,409,967	11	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,564	0	2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	46	0	3.00	
4.00	LABORATORY	60.00	0	17	0	4.00	
5.00	PHYSICAL THERAPY	66.00	0	46	0	5.00	
6.00	ELECTROCARDIOLOGY	69.00	0	57	0	6.00	
7.00	BACK AND NECK	192.03	0	422	0	7.00	
	TOTALS		0	6,429,119			
J - MOB							
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	361,957	10	1.00	
	TOTALS		0	361,957			
K - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	430,910	62,717	0	1.00	
	TOTALS		430,910	62,717			
L - PACU							
1.00	RECOVERY ROOM	51.00	36,867	3,362	0	1.00	
	TOTALS		36,867	3,362			
M - DEPRECIATION							
1.00	DATA PROCESSING	5.02	0	3,733	9	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	8,168,267	9	2.00	
3.00	PHARMACY	15.00	0	522	0	3.00	
4.00	OPERATING ROOM	50.00	0	5,761	0	4.00	
	TOTALS		0	8,178,283			
N - LEASE							
1.00	DATA PROCESSING	5.02	0	111,754	10	1.00	
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	1,507	10	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	428,422	0	3.00	
4.00	OPERATION OF PLANT	7.00	0	1,729	0	4.00	
5.00	DIETARY	10.00	0	4,644	0	5.00	
6.00	PHARMACY	15.00	0	254,883	0	6.00	
7.00	SOCIAL SERVICE	17.00	0	2,345	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	71,607	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	30,239	0	9.00	
10.00	OPERATING ROOM	50.00	0	140,520	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,005	0	11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,906	0	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	1,634	0	13.00	
14.00	LABORATORY	60.00	0	35,802	0	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	7,535	0	15.00	
16.00	PHYSICAL THERAPY	66.00	0	27,708	0	16.00	
17.00	ELECTROCARDIOLOGY	69.00	0	551	0	17.00	

RECLASSIFICATIONS

Provider CCN: 150158

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

Worksheet A-6  
Date/Time Prepared:  
5/28/2014 12:47 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
18.00	CARDIAC REHABILITATION	76.97	0	25,882	0	18.00	
19.00	SLEEP LAB	90.02	0	72,103	0	19.00	
20.00	EMERGENCY	91.00	0	8,289	0	20.00	
21.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	23,884	0	21.00	
22.00	RETAIL PHARMACY	192.01	0	29,192	0	22.00	
23.00	BACK AND NECK	192.03	0	209,890	0	23.00	
	TOTALS		0	1,511,031			
<b>O - INPATIENT CARE SERVICES ADMIN</b>							
1.00	ADULTS & PEDIATRICS	30.00	186,670	45,066	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		186,670	45,066			
<b>P - BILLABLE DRUGS</b>							
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	217	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	12,583	0	2.00	
3.00	PHARMACY	15.00	0	2,783,542	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	620	0	4.00	
5.00	NURSERY	43.00	0	112	0	5.00	
6.00	OPERATING ROOM	50.00	0	11,848	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,054	0	7.00	
8.00	LABORATORY	60.00	0	173	0	8.00	
9.00	PHYSICAL THERAPY	66.00	0	60	0	9.00	
10.00	RETAIL PHARMACY	192.01	0	1,420	0	10.00	
	TOTALS		0	2,814,629			
<b>Q - SHORT TERM DISABILITY BENEFIT</b>							
1.00	EMPLOYEE BENEFITS	4.00	671	0	0	1.00	
2.00	HOUSEKEEPING	9.00	2,849	0	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	5,430	0	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	3,440	0	0	4.00	
5.00	PHARMACY	15.00	6,222	0	0	5.00	
6.00	SOCIAL SERVICE	17.00	5,873	0	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	53,737	0	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	12,727	0	0	8.00	
9.00	NURSERY	43.00	4,284	0	0	9.00	
10.00	OPERATING ROOM	50.00	6,168	0	0	10.00	
11.00	RECOVERY ROOM	51.00	4,112	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	1,234	0	0	12.00	
13.00	LABORATORY	60.00	603	0	0	13.00	
14.00	RESPIRATORY THERAPY	65.00	4,167	0	0	14.00	
15.00	PHYSICAL THERAPY	66.00	7,847	0	0	15.00	
16.00	SPEECH PATHOLOGY	68.00	7,142	0	0	16.00	
17.00	ELECTROCARDIOLOGY	69.00	4,433	0	0	17.00	
18.00	SLEEP LAB	90.02	8,408	0	0	18.00	
19.00	EMERGENCY	91.00	12,246	0	0	19.00	
20.00	RETAIL PHARMACY	192.01	468	0	0	20.00	
	TOTALS		152,061	0			
500.00	Grand Total: Decreases		1,492,142	42,643,815		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150158

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/28/2014 12:47 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	6,313,000	93,000	0	93,000	2.00
3.00	Buildings and Fixtures	74,583,000	319,000	0	319,000	3.00
4.00	Building Improvements	24,295,000	9,000	0	9,000	4.00
5.00	Fixed Equipment	12,645,000	80,000	0	80,000	5.00
6.00	Movable Equipment	49,032,000	2,857,000	0	2,857,000	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	166,868,000	3,358,000	0	3,358,000	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	166,868,000	3,358,000	0	3,358,000	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	0	0			1.00
2.00	Land Improvements	6,406,000	0			2.00
3.00	Buildings and Fixtures	74,902,000	0			3.00
4.00	Building Improvements	24,304,000	0			4.00
5.00	Fixed Equipment	12,725,000	0			5.00
6.00	Movable Equipment	51,889,000	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	170,226,000	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	170,226,000	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150158

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	MOB	0	413,551	0	0	0	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	413,551	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	MOB	36,328	449,879				1.01
1.02	INTEREST	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	36,328	449,879				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150158

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	MOB	0	0	0	0.000000	0	1.01
1.02	INTEREST	118,337,000	0	118,337,000	0.695176	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	51,889,000	0	51,889,000	0.304824	0	2.00
3.00	Total (sum of lines 1-2)	170,226,000	0	170,226,000	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	4,820,035	457,953	1.00
1.01	MOB	0	0	0	-155,741	361,957	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,298,441	353,194	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,962,735	1,173,104	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	0	0	0	0	5,277,988	1.00
1.01	MOB	0	0	0	36,328	242,544	1.01
1.02	INTEREST	6,389,958	0	0	0	6,389,958	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,651,635	2.00
3.00	Total (sum of lines 1-2)	6,389,958	0	0	36,328	16,562,125	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150158

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

Worksheet A-8

Date/Time Prepared:  
5/28/2014 12:47 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - MOB (chapter 2)			OMOB	1.01	0	1.01
1.02	Investment income - INTEREST (chapter 2)			OINTEREST	1.02	0	1.02
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
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)	B	-337,927	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	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	-5,186,099			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	14,507,047			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-774,730	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		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		ORESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			O*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - MOB			OMOB	1.01	0	26.01
26.02	Depreciation - INTEREST			OINTEREST	1.02	0	26.02
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			O*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		O OCCUPATIONAL THERAPY	67.00		30.00

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		
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00		0		0.00	0	33.00
33.01		0		0.00	0	33.01
34.00 ACCRUED PTO TO HO	A	-229,988	EMPLOYEE BENEFITS	4.00	0	34.00
35.00 AHA IHHA LOBBYING OFFSET	A	-5,301	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	35.00
36.00 BENEFITS TO HO	A	-8,437,802	EMPLOYEE BENEFITS	4.00	0	36.00
37.00 OTHER OPERATING REVENUE	B	-111,469	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	37.00
37.01 OTHER OPERATING REVENUE	B	-384,851	MAINTENANCE & REPAIRS	6.00	0	37.01
37.02 OTHER OPERATING REVENUE	B	-5,882	OPERATING ROOM	50.00	0	37.02
37.03 OTHER OPERATING REVENUE	B	-1,172	PHARMACY	15.00	0	37.03
37.04 OTHER OPERATING REVENUE	B	-4,866	PURCHASING, RECEIVING AND STORES	5.03	0	37.04
38.00 MOB LEASE EXPENSE	A	-413,551	MOB	1.01	10	38.00
39.00 BAD DEBT EXPENSE	A	-13,915,814	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	39.00
39.01 BAD DEBT EXPENSE	A	-22,056	ADULTS & PEDIATRICS	30.00	0	39.01
39.02 BAD DEBT EXPENSE	A	27,975	RETAIL PHARMACY	192.01	0	39.02
40.00 MARKETING	A	1,581	RADIOLOGY-THERAPEUTIC	55.00	0	40.00
40.01 MARKETING	A	-48	OCCUPATIONAL THERAPY	67.00	0	40.01
41.00 CONTRIBUTIONS	A	-17,500	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	41.00
42.00		0		0.00	0	42.00
43.00		0		0.00	0	43.00
44.00		0		0.00	0	44.00
45.00		0		0.00	0	45.00
45.01		0		0.00	0	45.01
45.02		0		0.00	0	45.02
45.03		0		0.00	0	45.03
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,312,453				50.00

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

Provider CCN: 150158

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2014 12:47 pm

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	INTERCOMPANY/HO CR ALLOCATIO	407,916	410,039	1.00
2.00	1.01	MOB	INTERCOMPANY/HO CR ALLOCATIO	0	155,741	2.00
3.00	1.02	INTEREST	INTERCOMPANY/HO CR ALLOCATIO	6,379,011	6,409,329	3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	INTERCOMPANY/HO CR ALLOCATIO	942,316	0	4.00
4.01	4.00	EMPLOYEE BENEFITS	INTERCOMPANY/HO CR ALLOCATIO	9,874,257	12,015	4.01
4.02	5.02	DATA PROCESSING	INTERCOMPANY/HO CR ALLOCATIO	5,862,315	0	4.02
4.03	5.03	PURCHASING, RECEIVING AND ST	INTERCOMPANY/HO CR ALLOCATIO	288,167	0	4.03
4.04	5.04	OTHER ADMINISTRATIVE AND GEN	INTERCOMPANY/HO CR ALLOCATIO	10,486,470	13,461,765	4.04
4.05	6.00	MAINTENANCE & REPAIRS	INTERCOMPANY/HO CR ALLOCATIO	18,672	0	4.05
4.06	7.00	OPERATION OF PLANT	INTERCOMPANY/HO CR ALLOCATIO	758,067	0	4.06
4.07	9.00	HOUSEKEEPING	INTERCOMPANY/HO CR ALLOCATIO	115,992	0	4.07
4.08	13.00	NURSING ADMINISTRATION	INTERCOMPANY/HO CR ALLOCATIO	386,580	351,051	4.08
4.09	15.00	PHARMACY	INTERCOMPANY/HO CR ALLOCATIO	0	4,370	4.09
4.10	30.00	ADULTS & PEDIATRICS	INTERCOMPANY	56,745	82,229	4.10
4.11	31.00	INTENSIVE CARE UNIT	INTERCOMPANY	157,457	157,457	4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	590,466	590,466	4.12
4.13	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY	186,266	186,266	4.13
4.14	60.00	LABORATORY	INTERCOMPANY	4,620,549	4,620,549	4.14
4.15	66.00	PHYSICAL THERAPY	INTERCOMPANY	3,627	4,412	4.15
4.16	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	435,250	435,250	4.16
4.17	76.97	CARDIAC REHABILITATION	INTERCOMPANY	300	1,085	4.17
4.18	90.02	SLEEP LAB	INTERCOMPANY	50,745	50,745	4.18
4.19	91.00	EMERGENCY	INTERCOMPANY	281,875	281,875	4.19
4.20	192.02	MARKETING	INTERCOMPANY	132,272	132,272	4.20
4.21	192.03	BACK AND NECK	INTERCOMPANY	0	181,352	4.21
4.22	0.00			0	0	4.22
4.23	0.00			0	0	4.23
4.24	0.00			0	0	4.24
4.25	0.00			0	0	4.25
4.26	0.00			0	0	4.26
4.27	0.00			0	0	4.27
4.28	0.00			0	0	4.28
4.29	0.00			0	0	4.29
4.30	0.00			0	0	4.30
4.31	0.00			0	0	4.31
4.32	0.00			0	0	4.32
4.33	0.00			0	0	4.33
4.34	0.00			0	0	4.34
4.35	0.00			0	0	4.35
4.36	0.00			0	0	4.36
4.37	0.00			0	0	4.37
4.38	0.00			0	0	4.38
4.39	0.00			0	0	4.39
4.40	0.00			0	0	4.40
4.41	0.00			0	0	4.41
4.42	0.00			0	0	4.42
4.43	0.00			0	0	4.43
4.44	0.00			0	0	4.44
4.45	0.00			0	0	4.45
4.46	0.00			0	0	4.46
4.47	0.00			0	0	4.47
4.48	0.00			0	0	4.48
5.00	0			42,035,315	27,528,268	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

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

Provider CCN: 150158

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

Worksheet A-8-1

Date/Time Prepared:  
5/28/2014 12:47 pm

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

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-HO	100.00	6.00
7.00	G		0.00	IU HEALTH-AHC	0.00	7.00
8.00	G		0.00	IU HEALTH-MOHC	0.00	8.00
9.00	G		0.00	IU HEALTH-IRP	0.00	9.00
10.00	G		0.00	IU HEALTH-IUHP	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				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: 150158

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

Worksheet A-8-1

Date/Time Prepared:  
5/28/2014 12:47 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-2,123	9		1.00
2.00	-155,741	9		2.00
3.00	-30,318	11		3.00
4.00	942,316	9		4.00
4.01	9,862,242	0		4.01
4.02	5,862,315	0		4.02
4.03	288,167	0		4.03
4.04	-2,975,295	0		4.04
4.05	18,672	0		4.05
4.06	758,067	0		4.06
4.07	115,992	0		4.07
4.08	35,529	0		4.08
4.09	-4,370	0		4.09
4.10	-25,484	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	-785	0		4.15
4.16	0	0		4.16
4.17	-785	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	-181,352	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
4.26	0	0		4.26
4.27	0	0		4.27
4.28	0	0		4.28
4.29	0	0		4.29
4.30	0	0		4.30
4.31	0	0		4.31
4.32	0	0		4.32
4.33	0	0		4.33
4.34	0	0		4.34
4.35	0	0		4.35
4.36	0	0		4.36
4.37	0	0		4.37
4.38	0	0		4.38
4.39	0	0		4.39
4.40	0	0		4.40
4.41	0	0		4.41
4.42	0	0		4.42
4.43	0	0		4.43
4.44	0	0		4.44
4.45	0	0		4.45
4.46	0	0		4.46
4.47	0	0		4.47
4.48	0	0		4.48
5.00	14,507,047			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

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

Provider CCN: 150158

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

Worksheet A-8-1

Date/Time Prepared:  
5/28/2014 12:47 pm

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

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	HOSPITAL	7.00
8.00	OCC HEALTH CTR	8.00
9.00	RADIOLOGY	9.00
10.00	PHYSICIANS	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: 150158

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

Worksheet A-8-2

Date/Time Prepared:  
5/28/2014 12:47 pm

	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	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	4,279,234	4,279,234	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	83,130	83,130	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	63,085	63,085	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	18,840	18,840	0	0	0	4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	5,958	5,958	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	6,667	6,667	0	0	0	6.00
7.00	66.00	AGGREGATE-PHYSICAL THERAPY	12,000	12,000	0	0	0	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	435,010	435,010	0	0	0	8.00
9.00	76.97	AGGREGATE-CARDIAC REHABILITATION	300	300	0	0	0	9.00
10.00	91.00	AGGREGATE-EMERGENCY	281,875	281,875	0	0	0	10.00
200.00			5,186,099	5,186,099	0	0	0	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	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	6.00
7.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	0	0	9.00
10.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	10.00
200.00			0	0	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	5.04	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	4,279,234		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	83,130		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	63,085		3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	18,840		4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	5,958		5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	6,667		6.00
7.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	12,000		7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	435,010		8.00
9.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	300		9.00
10.00	91.00	AGGREGATE-EMERGENCY	0	0	0	281,875		10.00
200.00			0	0	0	5,186,099		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP		
	0	1.00	1.01	1.02	2.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	5,277,988	5,277,988				1.00	
1.01 00101 MOB	242,544	346,960	589,504			1.01	
1.02 00102 INTEREST	6,389,958	0	0	6,389,958		1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	4,651,635				4,651,635	2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	10,607,101	0	45,542	0	0	4.00	
5.01 00510 NONPATIENT TELEPHONES	71,200	9,574	0	12,407	328,178	5.01	
5.02 00511 DATA PROCESSING	6,082,794	63,822	0	82,705	115,881	5.02	
5.03 00512 PURCHASING, RECEIVING AND STORES	568,417	70,018	0	90,734	605	5.03	
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	15,971,138	226,582	59,083	293,621	67,410	5.04	
6.00 00600 MAINTENANCE & REPAIRS	2,826,539	1,004,922	0	1,302,246	359,692	6.00	
7.00 00700 OPERATION OF PLANT	1,031,435	51,628	0	66,903	346,333	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	476,046	16,479	0	21,354	3,335	8.00	
9.00 00900 HOUSEKEEPING	3,455,086	68,931	6,053	89,325	4,752	9.00	
10.00 01000 DIETARY	892,617	90,996	6,258	117,918	3,423	10.00	
11.00 01100 CAFETERIA	602,215	121,580	0	157,552	4,573	11.00	
13.00 01300 NURSING ADMINISTRATION	3,289,792	25,427	0	32,950	16,553	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	6,182,278	117,691	0	152,512	119,704	14.00	
15.00 01500 PHARMACY	2,440,074	40,521	0	52,510	3,938	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00	
17.00 01700 SOCIAL SERVICE	240,012	0	0	0	0	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	13,712,310	1,311,444	0	1,699,452	1,099,348	30.00	
31.00 03100 INTENSIVE CARE UNIT	3,398,228	169,121	0	219,159	18,089	31.00	
43.00 04300 NURSERY	1,647,872	96,961	0	125,648	11,743	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	2,679,945	477,026	0	618,163	530,678	50.00	
51.00 05100 RECOVERY ROOM	1,814,138	40,653	0	52,681	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,541,117	223,204	0	289,243	1,078,513	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	1,143,106	161,459	0	209,229	22,423	55.00	
59.00 05900 CARDIAC CATHETERIZATION	594,292	41,147	0	53,322	175,302	59.00	
60.00 06000 LABORATORY	5,110,140	68,617	0	88,919	9,826	60.00	
65.00 06500 RESPIRATORY THERAPY	1,304,665	42,136	0	54,603	49,772	65.00	
66.00 06600 PHYSICAL THERAPY	1,265,912	1,977	40,418	2,563	4,131	66.00	
67.00 06700 OCCUPATIONAL THERAPY	355,961	1,977	40,418	2,563	4,131	67.00	
68.00 06800 SPEECH PATHOLOGY	119,366	1,977	40,418	2,563	4,131	68.00	
69.00 06900 ELECTROCARDIOLOGY	587,838	52,139	0	67,565	104,968	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,362,726	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	5,915,686	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	2,814,629	0	0	0	0	73.00	
76.00 03021 OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	217,688	0	24,639	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.02 09002 SLEEP LAB	507,420	2,604	126,962	3,374	7,441	90.02	
91.00 09100 EMERGENCY	4,685,716	326,262	0	422,793	82,462	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	126,077,624	5,273,835	389,791	6,384,577	4,577,435	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	272,575	0	22,779	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 RETAIL PHARMACY	3,394,658	0	15,181	0	5,528	192.01	
192.02 19202 MARKETING	1,130,085	4,153	9,852	5,381	0	192.02	
192.03 19203 BACK AND NECK	53,311	0	151,901	0	68,672	192.03	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	130,928,253	5,277,988	589,504	6,389,958	4,651,635	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	Subtotal	
		4.00	5.01	5.02	5.03	5A.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,652,643				4.00
5.01	00510	NONPATIENT TELEPHONES	0	421,359			5.01
5.02	00511	DATA PROCESSING	456,021	1,528	6,802,751		5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	97,814	3,056	49,520	880,164	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	1,350,991	50,044	810,883	1,366	18,831,118
6.00	00600	MAINTENANCE & REPAIRS	131,066	21,011	340,447	3	5,985,926
7.00	00700	OPERATION OF PLANT	15,825	17,191	278,548	0	1,807,863
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	47	517,261
9.00	00900	HOUSEKEEPING	180,434	4,202	68,089	1,755	3,878,627
10.00	01000	DIETARY	82,780	3,438	55,710	21	1,253,161
11.00	01100	CAFETERIA	142,685	4,966	80,469	28	1,114,068
13.00	01300	NURSING ADMINISTRATION	545,111	4,966	80,469	46	3,995,414
14.00	01400	CENTRAL SERVICES & SUPPLY	58,242	1,528	24,760	30	6,656,745
15.00	01500	PHARMACY	413,140	7,258	117,609	276	3,075,326
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	43,754	382	6,190	0	290,338
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,566,695	109,257	1,770,322	78,321	22,347,149
31.00	03100	INTENSIVE CARE UNIT	605,778	0	0	17,793	4,428,168
43.00	04300	NURSERY	307,091	3,438	55,710	6,836	2,255,299
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	418,859	35,909	581,855	123,806	5,466,241
51.00	05100	RECOVERY ROOM	343,032	2,292	37,140	6,794	2,296,730
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	710,671	25,977	420,916	25,599	7,315,240
55.00	05500	RADIOLOGY-THERAPEUTIC	146,557	12,988	210,458	829	1,907,049
59.00	05900	CARDIAC CATHETERIZATION	118,897	3,820	61,899	9,165	1,057,844
60.00	06000	LABORATORY	80,689	14,898	241,408	44,895	5,659,392
65.00	06500	RESPIRATORY THERAPY	246,459	764	12,380	6,115	1,716,894
66.00	06600	PHYSICAL THERAPY	232,925	3,438	55,710	4,098	1,611,172
67.00	06700	OCCUPATIONAL THERAPY	65,688	3,438	55,710	198	530,084
68.00	06800	SPEECH PATHOLOGY	21,218	3,438	55,710	10	248,831
69.00	06900	ELECTROCARDIOLOGY	110,232	2,292	37,140	1,360	963,534
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	145,315	2,508,041
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	363,835	6,279,521
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,814,629
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	39,285	1,146	18,570	303	301,631
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	79,689	3,820	61,899	2,095	795,304
91.00	09100	EMERGENCY	861,930	51,572	835,643	38,968	7,305,346
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,473,558	398,057	6,425,164	879,907	125,213,946
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,996	1,910	30,950	0	344,210
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	85,936	6,112	99,039	57	3,606,511
192.02	19202	MARKETING	41,926	3,056	49,520	129	1,244,102
192.03	19203	BACK AND NECK	35,227	12,224	198,078	71	519,484
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	10,652,643	421,359	6,802,751	880,164	130,928,253

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
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
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	18,831,118				5.04
6.00	00600	MAINTENANCE & REPAIRS	1,005,570	6,991,496			6.00
7.00	00700	OPERATION OF PLANT	303,701	101,503	2,213,067		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	86,894	32,398	10,406	646,959	8.00
9.00	00900	HOUSEKEEPING	651,567	135,521	43,529	0	4,709,244
10.00	01000	DIETARY	210,517	178,902	57,463	0	125,332
11.00	01100	CAFETERIA	187,151	239,033	76,777	0	167,458
13.00	01300	NURSING ADMINISTRATION	671,186	49,990	16,057	0	35,021
14.00	01400	CENTRAL SERVICES & SUPPLY	1,118,260	231,387	74,321	0	162,101
15.00	01500	PHARMACY	516,621	79,667	25,589	65	55,812
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	48,774	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,754,109	2,578,365	828,175	340,977	1,806,309
31.00	03100	INTENSIVE CARE UNIT	743,884	332,501	106,799	54,004	232,938
43.00	04300	NURSERY	378,865	190,630	61,230	17,888	133,549
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	918,268	937,858	301,240	52,900	657,030
51.00	05100	RECOVERY ROOM	385,825	79,926	25,672	0	55,993
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,228,880	438,831	140,953	44,207	307,430
55.00	05500	RADIOLOGY-THERAPEUTIC	320,363	317,436	101,960	11,844	222,384
59.00	05900	CARDIAC CATHETERIZATION	177,706	80,898	25,984	0	56,674
60.00	06000	LABORATORY	950,716	134,905	43,332	0	94,510
65.00	06500	RESPIRATORY THERAPY	288,419	82,842	26,609	0	58,036
66.00	06600	PHYSICAL THERAPY	270,659	3,888	1,249	0	2,724
67.00	06700	OCCUPATIONAL THERAPY	89,048	3,888	1,249	0	2,724
68.00	06800	SPEECH PATHOLOGY	41,801	3,888	1,249	0	2,724
69.00	06900	ELECTROCARDIOLOGY	161,863	102,507	32,925	0	71,813
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	421,323	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,054,890	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	472,827	0	0	0	0
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	50,671	0	0	1,738	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	133,602	5,119	1,644	8,935	3,586
91.00	09100	EMERGENCY	1,227,218	641,449	206,033	114,401	449,376
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,871,178	6,983,332	2,210,445	646,959	4,703,524
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,823	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	605,854	0	0	0	0
192.02	19202	MARKETING	208,995	8,164	2,622	0	5,720
192.03	19203	BACK AND NECK	87,268	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	18,831,118	6,991,496	2,213,067	646,959	4,709,244

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 MOB						1.01
1.02	00102 INTEREST						1.02
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
5.02	00511 DATA PROCESSING						5.02
5.03	00512 PURCHASING, RECEIVING AND STORES						5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY	1,825,375					10.00
11.00	01100 CAFETERIA	0	1,784,487				11.00
13.00	01300 NURSING ADMINISTRATION	0	78,510	4,846,178			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	19,927	0	8,262,741		14.00
15.00	01500 PHARMACY	0	74,794	28,477	2,603	3,858,954	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	10,856	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	1,555,094	594,838	2,284,067	738,023	529	30.00
31.00	03100 INTENSIVE CARE UNIT	270,281	114,122	563,509	167,666	0	31.00
43.00	04300 NURSERY	0	56,856	296,684	64,413	75	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	93,639	287,191	1,166,628	8,262	50.00
51.00	05100 RECOVERY ROOM	0	75,057	392,817	64,020	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	162,346	82,326	241,224	2,705	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	29,086	32,274	7,809	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	25,809	64,894	86,365	0	59.00
60.00	06000 LABORATORY	0	21,888	0	423,052	116	60.00
65.00	06500 RESPIRATORY THERAPY	0	56,095	0	57,618	0	65.00
66.00	06600 PHYSICAL THERAPY	0	51,355	0	38,613	40	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	13,578	0	1,870	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,214	0	92	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	20,366	37,280	12,811	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,369,308	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,428,409	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	1,903,063	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	10,564	17,259	2,858	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0	19,752	0	19,744	0	90.02
91.00	09100 EMERGENCY	0	205,010	759,400	367,197	11	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,825,375	1,738,662	4,846,178	8,260,323	1,914,801	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,579	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 RETAIL PHARMACY	0	18,289	0	537	1,944,153	192.01
192.02	19202 MARKETING	0	8,896	0	1,211	0	192.02
192.03	19203 BACK AND NECK	0	11,061	0	670	0	192.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,825,375	1,784,487	4,846,178	8,262,741	3,858,954	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150158

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
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
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
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	0				16.00
17.00	01700	SOCIAL SERVICE	0	349,968			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	269,690	37,097,325	0	37,097,325
31.00	03100	INTENSIVE CARE UNIT	0	46,873	7,060,745	0	7,060,745
43.00	04300	NURSERY	0	33,405	3,488,894	0	3,488,894
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	9,889,257	0	9,889,257
51.00	05100	RECOVERY ROOM	0	0	3,376,040	0	3,376,040
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	9,964,142	0	9,964,142
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,950,205	0	2,950,205
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,576,174	0	1,576,174
60.00	06000	LABORATORY	0	0	7,327,911	0	7,327,911
65.00	06500	RESPIRATORY THERAPY	0	0	2,286,513	0	2,286,513
66.00	06600	PHYSICAL THERAPY	0	0	1,979,700	0	1,979,700
67.00	06700	OCCUPATIONAL THERAPY	0	0	642,441	0	642,441
68.00	06800	SPEECH PATHOLOGY	0	0	302,799	0	302,799
69.00	06900	ELECTROCARDIOLOGY	0	0	1,403,099	0	1,403,099
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,298,672	0	4,298,672
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	10,762,820	0	10,762,820
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,190,519	0	5,190,519
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	384,721	0	384,721
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	987,686	0	987,686
91.00	09100	EMERGENCY	0	0	11,275,441	0	11,275,441
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	349,968	122,245,104	0	122,245,104
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	409,612	0	409,612
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	6,175,344	0	6,175,344
192.02	19202	MARKETING	0	0	1,479,710	0	1,479,710
192.03	19203	BACK AND NECK	0	0	618,483	0	618,483
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	349,968	130,928,253	0	130,928,253

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150158

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP		
		1.00	1.01	1.02	2.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01 00101	MOB					1.01	
1.02 00102	INTEREST					1.02	
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	45,542	0	0	4.00	
5.01 00510	NONPATIENT TELEPHONES	9,574	0	12,407	328,178	5.01	
5.02 00511	DATA PROCESSING	63,822	0	82,705	115,881	5.02	
5.03 00512	PURCHASING, RECEIVING AND STORES	70,018	0	90,734	605	5.03	
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	226,582	59,083	293,621	67,410	5.04	
6.00 00600	MAINTENANCE & REPAIRS	1,004,922	0	1,302,246	359,692	6.00	
7.00 00700	OPERATION OF PLANT	51,628	0	66,903	346,333	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	16,479	0	21,354	3,335	8.00	
9.00 00900	HOUSEKEEPING	68,931	6,053	89,325	4,752	9.00	
10.00 01000	DIETARY	90,996	6,258	117,918	3,423	10.00	
11.00 01100	CAFETERIA	121,580	0	157,552	4,573	11.00	
13.00 01300	NURSING ADMINISTRATION	25,427	0	32,950	16,653	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	117,691	0	152,512	119,704	14.00	
15.00 01500	PHARMACY	40,521	0	52,510	3,938	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	1,311,444	0	1,699,452	1,099,348	30.00
31.00 03100	INTENSIVE CARE UNIT	0	169,121	0	219,159	18,089	31.00
43.00 04300	NURSERY	0	96,961	0	125,648	11,743	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	477,026	0	618,163	530,678	50.00
51.00 05100	RECOVERY ROOM	0	40,653	0	52,681	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	223,204	0	289,243	1,078,513	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	161,459	0	209,229	22,423	55.00
59.00 05900	CARDIAC CATHETERIZATION	0	41,147	0	53,322	175,302	59.00
60.00 06000	LABORATORY	0	68,617	0	88,919	9,826	60.00
65.00 06500	RESPIRATORY THERAPY	0	42,136	0	54,603	49,772	65.00
66.00 06600	PHYSICAL THERAPY	0	1,977	40,418	2,563	4,131	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	1,977	40,418	2,563	4,131	67.00
68.00 06800	SPEECH PATHOLOGY	0	1,977	40,418	2,563	4,131	68.00
69.00 06900	ELECTROCARDIOLOGY	0	52,139	0	67,565	104,968	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	24,639	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.02 09002	SLEEP LAB	0	2,604	126,962	3,374	7,441	90.02
91.00 09100	EMERGENCY	0	326,262	0	422,793	82,462	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,926,875	389,791	6,384,577	4,577,435	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	22,779	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	RETAIL PHARMACY	0	0	15,181	0	5,528	192.01
192.02 19202	MARKETING	0	4,153	9,852	5,381	0	192.02
192.03 19203	BACK AND NECK	0	0	151,901	0	68,672	192.03
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)	0	4,931,028	589,504	6,389,958	4,651,635	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 12:47 pm		
Cost Center Description	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	
	2A	4.00	5.01	5.02	5.03	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	MOB					1.01
1.02 00102	INTEREST					1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	45,542				4.00
5.01 00510	NONPATIENT TELEPHONES	350,159	0	350,159		5.01
5.02 00511	DATA PROCESSING	262,408	1,949	1,270	265,627	5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	161,357	418	2,540	1,934	166,249
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	646,696	5,775	41,587	31,663	258
6.00 00600	MAINTENANCE & REPAIRS	2,666,860	560	17,460	13,293	1
7.00 00700	OPERATION OF PLANT	464,864	68	14,286	10,876	0
8.00 00800	LAUNDRY & LINEN SERVICE	41,168	0	0	0	9
9.00 00900	HOUSEKEEPING	169,061	771	3,492	2,659	331
10.00 01000	DIETARY	218,595	354	2,857	2,175	4
11.00 01100	CAFETERIA	283,705	610	4,127	3,142	5
13.00 01300	NURSING ADMINISTRATION	75,030	2,330	4,127	3,142	9
14.00 01400	CENTRAL SERVICES & SUPPLY	389,907	249	1,270	967	6
15.00 01500	PHARMACY	96,969	1,766	6,032	4,592	52
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00 01700	SOCIAL SERVICE	0	187	317	242	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	4,110,244	10,975	90,794	69,128	14,794
31.00 03100	INTENSIVE CARE UNIT	406,369	2,590	0	0	3,361
43.00 04300	NURSERY	234,352	1,313	2,857	2,175	1,291
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,625,867	1,791	29,841	22,720	23,385
51.00 05100	RECOVERY ROOM	93,334	1,466	1,905	1,450	1,283
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,590,960	3,038	21,587	16,436	4,835
55.00 05500	RADIOLOGY-THERAPEUTIC	393,111	627	10,794	8,218	157
59.00 05900	CARDIAC CATHETERIZATION	269,771	508	3,175	2,417	1,731
60.00 06000	LABORATORY	167,362	345	12,381	9,426	8,480
65.00 06500	RESPIRATORY THERAPY	146,511	1,054	635	483	1,155
66.00 06600	PHYSICAL THERAPY	49,089	996	2,857	2,175	774
67.00 06700	OCCUPATIONAL THERAPY	49,089	281	2,857	2,175	37
68.00 06800	SPEECH PATHOLOGY	49,089	91	2,857	2,175	2
69.00 06900	ELECTROCARDIOLOGY	224,672	471	1,905	1,450	257
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	27,448
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	68,723
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	24,639	168	952	725	57
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0
90.02 09002	SLEEP LAB	140,381	341	3,175	2,417	396
91.00 09100	EMERGENCY	831,517	3,685	42,857	32,629	7,360
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	16,278,678	44,777	330,794	250,884	166,201
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,779	68	1,587	1,208	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	RETAIL PHARMACY	20,709	367	5,079	3,867	11
192.02 19202	MARKETING	19,386	179	2,540	1,934	24
192.03 19203	BACK AND NECK	220,573	151	10,159	7,734	13
200.00	Cross Foot Adjustments	0				
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	16,562,125	45,542	350,159	265,627	166,249

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150158		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 12:47 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
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
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	725,979				5.04
6.00	00600	MAINTENANCE & REPAIRS	38,765	2,736,939			6.00
7.00	00700	OPERATION OF PLANT	11,708	39,735	541,537		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,350	12,683	2,546	59,756	8.00
9.00	00900	HOUSEKEEPING	25,118	53,052	10,652	0	265,136
10.00	01000	DIETARY	8,115	70,034	14,061	0	7,056
11.00	01100	CAFETERIA	7,215	93,573	18,787	0	9,428
13.00	01300	NURSING ADMINISTRATION	25,874	19,569	3,929	0	1,972
14.00	01400	CENTRAL SERVICES & SUPPLY	43,109	90,580	18,186	0	9,126
15.00	01500	PHARMACY	19,916	31,187	6,262	6	3,142
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	1,880	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	144,759	1,009,346	202,654	31,495	101,700
31.00	03100	INTENSIVE CARE UNIT	28,677	130,163	26,134	4,988	13,115
43.00	04300	NURSERY	14,605	74,625	14,983	1,652	7,519
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	35,399	367,140	73,713	4,886	36,992
51.00	05100	RECOVERY ROOM	14,874	31,288	6,282	0	3,152
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,373	171,788	34,491	4,083	17,309
55.00	05500	RADIOLOGY-THERAPEUTIC	12,350	124,266	24,950	1,094	12,520
59.00	05900	CARDIAC CATHETERIZATION	6,851	31,669	6,358	0	3,191
60.00	06000	LABORATORY	36,650	52,811	10,603	0	5,321
65.00	06500	RESPIRATORY THERAPY	11,119	32,430	6,511	0	3,267
66.00	06600	PHYSICAL THERAPY	10,434	1,522	306	0	153
67.00	06700	OCCUPATIONAL THERAPY	3,433	1,522	306	0	153
68.00	06800	SPEECH PATHOLOGY	1,611	1,522	306	0	153
69.00	06900	ELECTROCARDIOLOGY	6,240	40,128	8,057	0	4,043
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,242	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	40,666	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	18,228	0	0	0	0
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,953	0	0	161	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	5,150	2,004	402	825	202
91.00	09100	EMERGENCY	47,309	251,106	50,416	10,566	25,300
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	688,973	2,733,743	540,895	59,756	264,814
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,229	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	23,356	0	0	0	0
192.02	19202	MARKETING	8,057	3,196	642	0	322
192.03	19203	BACK AND NECK	3,364	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	725,979	2,736,939	541,537	59,756	265,136

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150158		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 12:47 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
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
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	323,251				10.00
11.00	01100	CAFETERIA	0	420,592			11.00
13.00	01300	NURSING ADMINISTRATION	0	18,504	154,486		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,697	0	558,097	14.00
15.00	01500	PHARMACY	0	17,628	908	176	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,559	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	275,388	140,201	72,812	49,849	26
31.00	03100	INTENSIVE CARE UNIT	47,863	26,898	17,963	11,325	0
43.00	04300	NURSERY	0	13,401	9,458	4,351	4
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	22,070	9,155	78,799	404
51.00	05100	RECOVERY ROOM	0	17,690	12,522	4,324	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	38,264	2,624	16,293	132
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,855	1,029	527	0
59.00	05900	CARDIAC CATHETERIZATION	0	6,083	2,069	5,833	0
60.00	06000	LABORATORY	0	5,159	0	28,575	6
65.00	06500	RESPIRATORY THERAPY	0	13,221	0	3,892	0
66.00	06600	PHYSICAL THERAPY	0	12,104	0	2,608	2
67.00	06700	OCCUPATIONAL THERAPY	0	3,200	0	126	0
68.00	06800	SPEECH PATHOLOGY	0	993	0	6	0
69.00	06900	ELECTROCARDIOLOGY	0	4,800	1,188	865	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	92,489	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	231,567	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	93,026
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	2,490	550	193	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	0	4,655	0	1,334	0
91.00	09100	EMERGENCY	0	48,319	24,208	24,802	1
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	323,251	409,791	154,486	557,934	93,601
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,786	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	4,311	0	36	95,035
192.02	19202	MARKETING	0	2,097	0	82	0
192.03	19203	BACK AND NECK	0	2,607	0	45	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	323,251	420,592	154,486	558,097	188,636

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150158		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 12:47 pm	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
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
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
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	0				16.00
17.00	01700	SOCIAL SERVICE	0	5,185			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	3,996	6,328,161	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	694	720,140	0	31.00
43.00	04300	NURSERY	0	495	383,081	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	2,332,162	0	50.00
51.00	05100	RECOVERY ROOM	0	0	189,570	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,969,213	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	596,498	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	339,656	0	59.00
60.00	06000	LABORATORY	0	0	337,119	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	220,278	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	83,020	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	63,179	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	58,805	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	294,076	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	136,179	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	340,956	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	111,254	0	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	31,888	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	161,282	0	90.02
91.00	09100	EMERGENCY	0	0	1,400,075	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	5,185	16,096,592	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	29,657	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	152,771	0	192.01
192.02	19202	MARKETING	0	0	38,459	0	192.02
192.03	19203	BACK AND NECK	0	0	244,646	0	192.03
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	5,185	16,562,125	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

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

Worksheet B-1

Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	1.02	2.00			4.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	320,291					1.00
1.01	00101	MOB	21,055	37,396				1.01
1.02	00102	INTEREST	0	0	299,236			1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				3,321,435		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,889	0	0	51,986,296	4.00
5.01	00510	NONPATIENT TELEPHONES	581	0	581	234,331	0	5.01
5.02	00511	DATA PROCESSING	3,873	0	3,873	82,743	2,225,435	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	4,249	0	4,249	432	477,346	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	13,750	3,748	13,750	48,133	6,592,998	5.04
6.00	00600	MAINTENANCE & REPAIRS	60,983	0	60,983	256,833	639,619	6.00
7.00	00700	OPERATION OF PLANT	3,133	0	3,133	247,294	77,230	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,000	0	1,000	2,381	0	8.00
9.00	00900	HOUSEKEEPING	4,183	384	4,183	3,393	880,540	9.00
10.00	01000	DIETARY	5,522	397	5,522	2,444	403,974	10.00
11.00	01100	CAFETERIA	7,378	0	7,378	3,265	696,320	11.00
13.00	01300	NURSING ADMINISTRATION	1,543	0	1,543	11,891	2,660,208	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,142	0	7,142	85,473	284,230	14.00
15.00	01500	PHARMACY	2,459	0	2,459	2,812	2,016,171	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	213,526	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	79,584	0	79,584	784,975	12,525,897	30.00
31.00	03100	INTENSIVE CARE UNIT	10,263	0	10,263	12,916	2,956,268	31.00
43.00	04300	NURSERY	5,884	0	5,884	8,385	1,498,643	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	28,948	0	28,948	378,923	2,044,081	50.00
51.00	05100	RECOVERY ROOM	2,467	0	2,467	0	1,674,037	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,545	0	13,545	770,097	3,468,158	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,798	0	9,798	16,011	715,217	55.00
59.00	05900	CARDIAC CATHETERIZATION	2,497	0	2,497	125,172	580,234	59.00
60.00	06000	LABORATORY	4,164	0	4,164	7,016	393,774	60.00
65.00	06500	RESPIRATORY THERAPY	2,557	0	2,557	35,539	1,202,749	65.00
66.00	06600	PHYSICAL THERAPY	120	2,564	120	2,950	1,136,700	66.00
67.00	06700	OCCUPATIONAL THERAPY	120	2,564	120	2,950	320,564	67.00
68.00	06800	SPEECH PATHOLOGY	120	2,564	120	2,950	103,548	68.00
69.00	06900	ELECTROCARDIOLOGY	3,164	0	3,164	74,951	537,944	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,563	0	0	191,715	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	158	8,054	158	5,313	388,894	90.02
91.00	09100	EMERGENCY	19,799	0	19,799	58,881	4,206,321	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	320,039	24,727	298,984	3,268,454	51,112,341	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,445	0	0	78,060	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	963	0	3,947	419,378	192.01
192.02	19202	MARKETING	252	625	252	0	204,606	192.02
192.03	19203	BACK AND NECK	0	9,636	0	49,034	171,911	192.03
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)	5,277,988	589,504	6,389,958	4,651,635	10,652,643	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.478727	15.763825	21.354242	1.400490	0.204913	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					45,542	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000876	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

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

Worksheet B-1

Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description			NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PHONES)	PURCHASING, RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.01	5.02	5.03	5A.04	5.04	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	MOB						1.01
1.02	00102	INTEREST						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES	1,103					5.01
5.02	00511	DATA PROCESSING	4	1,099				5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	8	8	14,310,873			5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	131	131	22,211	-18,831,118	112,097,135	5.04
6.00	00600	MAINTENANCE & REPAIRS	55	55	52	0	5,985,926	6.00
7.00	00700	OPERATION OF PLANT	45	45	0	0	1,807,863	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	766	0	517,261	8.00
9.00	00900	HOUSEKEEPING	11	11	28,528	0	3,878,627	9.00
10.00	01000	DIETARY	9	9	343	0	1,253,161	10.00
11.00	01100	CAFETERIA	13	13	458	0	1,114,068	11.00
13.00	01300	NURSING ADMINISTRATION	13	13	756	0	3,995,414	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4	4	487	0	6,656,745	14.00
15.00	01500	PHARMACY	19	19	4,492	0	3,075,326	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1	1	0	0	290,338	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	286	286	1,273,451	0	22,347,149	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	289,305	0	4,428,168	31.00
43.00	04300	NURSERY	9	9	111,144	0	2,255,299	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	94	94	2,013,004	0	5,466,241	50.00
51.00	05100	RECOVERY ROOM	6	6	110,465	0	2,296,730	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68	68	416,230	0	7,315,240	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	34	34	13,474	0	1,907,049	55.00
59.00	05900	CARDIAC CATHETERIZATION	10	10	149,022	0	1,057,844	59.00
60.00	06000	LABORATORY	39	39	729,971	0	5,659,392	60.00
65.00	06500	RESPIRATORY THERAPY	2	2	99,419	0	1,716,894	65.00
66.00	06600	PHYSICAL THERAPY	9	9	66,627	0	1,611,172	66.00
67.00	06700	OCCUPATIONAL THERAPY	9	9	3,226	0	530,084	67.00
68.00	06800	SPEECH PATHOLOGY	9	9	159	0	248,831	68.00
69.00	06900	ELECTROCARDIOLOGY	6	6	22,105	0	963,534	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,362,726	0	2,508,041	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	5,915,686	0	6,279,521	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,814,629	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3	3	4,932	0	301,631	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	10	10	34,068	0	795,304	90.02
91.00	09100	EMERGENCY	135	135	633,594	0	7,305,346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,042	1,038	14,306,701	-18,831,118	106,382,828	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5	5	0	0	344,210	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	16	16	926	0	3,606,511	192.01
192.02	19202	MARKETING	8	8	2,090	0	1,244,102	192.02
192.03	19203	BACK AND NECK	32	32	1,156	0	519,484	192.03
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)	421,359	6,802,751	880,164		18,831,118	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	382.011786	6,189.946315	0.061503		0.167989	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	350,159	265,627	166,249		725,979	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	317.460562	241.698817	0.011617		0.006476	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

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

Worksheet B-1

Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00560						5.04
6.00	00600	215,800					6.00
7.00	00700	3,133	212,667				7.00
8.00	00800	1,000	1,000	698,717			8.00
9.00	00900	4,183	4,183	0	207,484		9.00
10.00	01000	5,522	5,522	0	5,522	32,154	10.00
11.00	01100	7,378	7,378	0	7,378	0	11.00
13.00	01300	1,543	1,543	0	1,543	0	13.00
14.00	01400	7,142	7,142	0	7,142	0	14.00
15.00	01500	2,459	2,459	70	2,459	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	79,584	79,584	368,256	79,584	27,393	30.00
31.00	03100	10,263	10,263	58,324	10,263	4,761	31.00
43.00	04300	5,884	5,884	19,319	5,884	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	28,948	28,948	57,132	28,948	0	50.00
51.00	05100	2,467	2,467	0	2,467	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	13,545	13,545	47,744	13,545	0	54.00
55.00	05500	9,798	9,798	12,792	9,798	0	55.00
59.00	05900	2,497	2,497	0	2,497	0	59.00
60.00	06000	4,164	4,164	0	4,164	0	60.00
65.00	06500	2,557	2,557	0	2,557	0	65.00
66.00	06600	120	120	0	120	0	66.00
67.00	06700	120	120	0	120	0	67.00
68.00	06800	120	120	0	120	0	68.00
69.00	06900	3,164	3,164	0	3,164	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03021	0	0	0	0	0	76.00
76.97	07697	0	0	1,877	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	158	158	9,650	158	0	90.02
91.00	09100	19,799	19,799	123,553	19,799	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		215,548	212,415	698,717	207,232	32,154	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	252	252	0	252	0	192.02
192.03	19203	0	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		6,991,496	2,213,067	646,959	4,709,244	1,825,375	202.00
203.00		32.398035	10.406255	0.925924	22.696902	56.769764	203.00
204.00		2,736,939	541,537	59,756	265,136	323,251	204.00
205.00		12.682757	2.546408	0.085522	1.277862	10.053213	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150158

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

Worksheet B-1

Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00560						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	60,983					11.00
13.00	01300	2,683	28,079				13.00
14.00	01400	681	0	14,257,272			14.00
15.00	01500	2,556	165	4,492	5,737,248		15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	371	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	20,328	13,234	1,273,451	786	0	30.00
31.00	03100	3,900	3,265	289,305	0	0	31.00
43.00	04300	1,943	1,719	111,144	112	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,200	1,664	2,013,004	12,283	0	50.00
51.00	05100	2,565	2,276	110,465	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	5,548	477	416,230	4,022	0	54.00
55.00	05500	994	187	13,474	0	0	55.00
59.00	05900	882	376	149,022	82	0	59.00
60.00	06000	748	0	729,971	173	0	60.00
65.00	06500	1,917	0	99,419	0	0	65.00
66.00	06600	1,755	0	66,627	60	0	66.00
67.00	06700	464	0	3,226	0	0	67.00
68.00	06800	144	0	159	0	0	68.00
69.00	06900	696	216	22,105	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	2,362,726	0	0	71.00
72.00	07200	0	0	5,915,686	0	0	72.00
73.00	07300	0	0	0	2,829,354	0	73.00
76.00	03021	0	0	0	0	0	76.00
76.97	07697	361	100	4,932	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	675	0	34,068	0	0	90.02
91.00	09100	7,006	4,400	633,594	16	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		59,417	28,079	14,253,100	2,846,806	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	259	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	625	0	926	2,890,442	0	192.01
192.02	19202	304	0	2,090	0	0	192.02
192.03	19203	378	0	1,156	0	0	192.03
200.00							200.00
201.00							201.00
202.00		1,784,487	4,846,178	8,262,741	3,858,954	0	202.00
203.00		29.262040	172.590833	0.579546	0.672614	0.000000	203.00
204.00		420,592	154,486	558,097	188,636	0	204.00
205.00		6.896873	5.501834	0.039145	0.032879	0.000000	205.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150158

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2014 12:47 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		37,097,325	0	37,097,325	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,060,745	0	7,060,745	31.00	
43.00	04300 NURSERY		3,488,894	0	3,488,894	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		9,889,257	0	9,889,257	50.00	
51.00	05100 RECOVERY ROOM		3,376,040	0	3,376,040	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,964,142	0	9,964,142	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		2,950,205	0	2,950,205	55.00	
59.00	05900 CARDIAC CATHETERIZATION		1,576,174	0	1,576,174	59.00	
60.00	06000 LABORATORY		7,327,911	0	7,327,911	60.00	
65.00	06500 RESPIRATORY THERAPY	0	2,286,513	0	2,286,513	65.00	
66.00	06600 PHYSICAL THERAPY	0	1,979,700	0	1,979,700	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	642,441	0	642,441	67.00	
68.00	06800 SPEECH PATHOLOGY	0	302,799	0	302,799	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,403,099	0	1,403,099	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,298,672	0	4,298,672	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		10,762,820	0	10,762,820	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		5,190,519	0	5,190,519	73.00	
76.00	03021 OTHER ANCILLARY COST CENTERS		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		384,721	0	384,721	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		0	0	0	90.00	
90.02	09002 SLEEP LAB		987,686	0	987,686	90.02	
91.00	09100 EMERGENCY		11,275,441	0	11,275,441	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,518,924	0	2,518,924	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		124,764,028	0	124,764,028	200.00	
201.00	Less Observation Beds		2,518,924	0	2,518,924	201.00	
202.00	Total (see instructions)		122,245,104	0	122,245,104	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 12:47 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	52,528,344		52,528,344			30.00
31.00 03100 INTENSIVE CARE UNIT	13,138,557		13,138,557			31.00
43.00 04300 NURSERY	5,042,141		5,042,141			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	24,749,631	44,769,547	69,519,178	0.142252	0.000000	50.00
51.00 05100 RECOVERY ROOM	2,680,611	10,202,465	12,883,076	0.262052	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	19,653,035	75,206,823	94,859,858	0.105041	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	133,403	20,599,249	20,732,652	0.142298	0.000000	55.00
59.00 05900 CARDIAC CATHETERIZATION	7,517,942	11,520,791	19,038,733	0.082788	0.000000	59.00
60.00 06000 LABORATORY	28,826,709	33,387,972	62,214,681	0.117784	0.000000	60.00
65.00 06500 RESPIRATORY THERAPY	4,304,676	1,557,135	5,861,811	0.390069	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	3,213,997	6,799,948	10,013,945	0.197694	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,418,288	777,460	2,195,748	0.292584	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	472,356	244,039	716,395	0.422670	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	9,324,056	13,775,618	23,099,674	0.060741	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,962,205	2,439,917	5,402,122	0.795738	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	20,756,311	12,946,793	33,703,104	0.319342	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	28,486,239	13,264,088	41,750,327	0.124323	0.000000	73.00
76.00 03021 OTHER ANCILLARY COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	19,375	1,521,869	1,541,244	0.249617	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0.000000	0.000000	90.00
90.02 09002 SLEEP LAB	0	7,507,215	7,507,215	0.131565	0.000000	90.02
91.00 09100 EMERGENCY	17,813,043	80,189,226	98,002,269	0.115053	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	416,983	2,529,879	2,946,862	0.854782	0.000000	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	243,457,902	339,240,034	582,697,936		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	243,457,902	339,240,034	582,697,936		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 12:47 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.142252		50.00
51.00	05100 RECOVERY ROOM	0.262052		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.105041		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.142298		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.082788		59.00
60.00	06000 LABORATORY	0.117784		60.00
65.00	06500 RESPIRATORY THERAPY	0.390069		65.00
66.00	06600 PHYSICAL THERAPY	0.197694		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.292584		67.00
68.00	06800 SPEECH PATHOLOGY	0.422670		68.00
69.00	06900 ELECTROCARDIOLOGY	0.060741		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.795738		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.319342		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.124323		73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.249617		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 SLEEP LAB	0.131565		90.02
91.00	09100 EMERGENCY	0.115053		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.854782		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150158

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	Hospital			
					RCE Disallowance	Total Costs		PPS
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	37,097,325		37,097,325	0	37,097,325	30.00
31.00	03100	INTENSIVE CARE UNIT	7,060,745		7,060,745	0	7,060,745	31.00
43.00	04300	NURSERY	3,488,894		3,488,894	0	3,488,894	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,889,257		9,889,257	0	9,889,257	50.00
51.00	05100	RECOVERY ROOM	3,376,040		3,376,040	0	3,376,040	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,964,142		9,964,142	0	9,964,142	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,950,205		2,950,205	0	2,950,205	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,576,174		1,576,174	0	1,576,174	59.00
60.00	06000	LABORATORY	7,327,911		7,327,911	0	7,327,911	60.00
65.00	06500	RESPIRATORY THERAPY	2,286,513	0	2,286,513	0	2,286,513	65.00
66.00	06600	PHYSICAL THERAPY	1,979,700	0	1,979,700	0	1,979,700	66.00
67.00	06700	OCCUPATIONAL THERAPY	642,441	0	642,441	0	642,441	67.00
68.00	06800	SPEECH PATHOLOGY	302,799	0	302,799	0	302,799	68.00
69.00	06900	ELECTROCARDIOLOGY	1,403,099		1,403,099	0	1,403,099	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,298,672		4,298,672	0	4,298,672	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,762,820		10,762,820	0	10,762,820	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,190,519		5,190,519	0	5,190,519	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	384,721		384,721	0	384,721	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0		0	0	0	90.00
90.02	09002	SLEEP LAB	987,686		987,686	0	987,686	90.02
91.00	09100	EMERGENCY	11,275,441		11,275,441	0	11,275,441	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,518,924		2,518,924	0	2,518,924	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	124,764,028	0	124,764,028	0	124,764,028	200.00
201.00		Less Observation Beds	2,518,924		2,518,924		2,518,924	201.00
202.00		Total (see instructions)	122,245,104	0	122,245,104	0	122,245,104	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 12:47 pm
		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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	52,528,344		52,528,344		30.00
31.00 03100	INTENSIVE CARE UNIT	13,138,557		13,138,557		31.00
43.00 04300	NURSERY	5,042,141		5,042,141		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	24,749,631	44,769,547	69,519,178	0.142252	50.00
51.00 05100	RECOVERY ROOM	2,680,611	10,202,465	12,883,076	0.262052	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,653,035	75,206,823	94,859,858	0.105041	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	133,403	20,599,249	20,732,652	0.142298	55.00
59.00 05900	CARDIAC CATHETERIZATION	7,517,942	11,520,791	19,038,733	0.082788	59.00
60.00 06000	LABORATORY	28,826,709	33,387,972	62,214,681	0.117784	60.00
65.00 06500	RESPIRATORY THERAPY	4,304,676	1,557,135	5,861,811	0.390069	65.00
66.00 06600	PHYSICAL THERAPY	3,213,997	6,799,948	10,013,945	0.197694	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,418,288	777,460	2,195,748	0.292584	67.00
68.00 06800	SPEECH PATHOLOGY	472,356	244,039	716,395	0.422670	68.00
69.00 06900	ELECTROCARDIOLOGY	9,324,056	13,775,618	23,099,674	0.060741	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,962,205	2,439,917	5,402,122	0.795738	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	20,756,311	12,946,793	33,703,104	0.319342	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	28,486,239	13,264,088	41,750,327	0.124323	73.00
76.00 03021	OTHER ANCILLARY COST CENTERS	0	0	0	0.000000	76.00
76.97 07697	CARDIAC REHABILITATION	19,375	1,521,869	1,541,244	0.249617	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0.000000	90.00
90.02 09002	SLEEP LAB	0	7,507,215	7,507,215	0.131565	90.02
91.00 09100	EMERGENCY	17,813,043	80,189,226	98,002,269	0.115053	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	416,983	2,529,879	2,946,862	0.854782	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	243,457,902	339,240,034	582,697,936		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	243,457,902	339,240,034	582,697,936		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150158

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.142252			50.00
51.00	05100 RECOVERY ROOM	0.262052			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.105041			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.142298			55.00
59.00	05900 CARDIAC CATHETERIZATION	0.082788			59.00
60.00	06000 LABORATORY	0.117784			60.00
65.00	06500 RESPIRATORY THERAPY	0.390069			65.00
66.00	06600 PHYSICAL THERAPY	0.197694			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.292584			67.00
68.00	06800 SPEECH PATHOLOGY	0.422670			68.00
69.00	06900 ELECTROCARDIOLOGY	0.060741			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.795738			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.319342			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.124323			73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0.000000			76.00
76.97	07697 CARDIAC REHABILITATION	0.249617			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000			90.00
90.02	09002 SLEEP LAB	0.131565			90.02
91.00	09100 EMERGENCY	0.115053			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.854782			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

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

Provider CCN: 150158

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

Worksheet C Part II Date/Time Prepared: 5/28/2014 12:47 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,889,257	2,332,162	7,557,095	0	0	50.00
51.00	05100	RECOVERY ROOM	3,376,040	189,570	3,186,470	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,964,142	1,969,213	7,994,929	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,950,205	596,498	2,353,707	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,576,174	339,656	1,236,518	0	0	59.00
60.00	06000	LABORATORY	7,327,911	337,119	6,990,792	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,286,513	220,278	2,066,235	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,979,700	83,020	1,896,680	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	642,441	63,179	579,262	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	302,799	58,805	243,994	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,403,099	294,076	1,109,023	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,298,672	136,179	4,162,493	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,762,820	340,956	10,421,864	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,190,519	111,254	5,079,265	0	0	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	384,721	31,888	352,833	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	987,686	161,282	826,404	0	0	90.02
91.00	09100	EMERGENCY	11,275,441	1,400,075	9,875,366	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,518,924	429,686	2,089,238	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	77,117,064	9,094,896	68,022,168	0	0	200.00
201.00		Less Observation Beds	2,518,924	429,686	2,089,238	0	0	201.00
202.00		Total (line 200 minus line 201)	74,598,140	8,665,210	65,932,930	0	0	202.00

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

Provider CCN: 150158

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/28/2014 12:47 pm

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	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	9,889,257	69,519,178	0.142252	50.00
51.00	05100 RECOVERY ROOM	3,376,040	12,883,076	0.262052	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,964,142	94,859,858	0.105041	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,950,205	20,732,652	0.142298	55.00
59.00	05900 CARDIAC CATHETERIZATION	1,576,174	19,038,733	0.082788	59.00
60.00	06000 LABORATORY	7,327,911	62,214,681	0.117784	60.00
65.00	06500 RESPIRATORY THERAPY	2,286,513	5,861,811	0.390069	65.00
66.00	06600 PHYSICAL THERAPY	1,979,700	10,013,945	0.197694	66.00
67.00	06700 OCCUPATIONAL THERAPY	642,441	2,195,748	0.292584	67.00
68.00	06800 SPEECH PATHOLOGY	302,799	716,395	0.422670	68.00
69.00	06900 ELECTROCARDIOLOGY	1,403,099	23,099,674	0.060741	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,298,672	5,402,122	0.795738	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	10,762,820	33,703,104	0.319342	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,190,519	41,750,327	0.124323	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	384,721	1,541,244	0.249617	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0.000000	90.00
90.02	09002 SLEEP LAB	987,686	7,507,215	0.131565	90.02
91.00	09100 EMERGENCY	11,275,441	98,002,269	0.115053	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,518,924	2,946,862	0.854782	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (sum of lines 50 thru 199)	77,117,064	511,988,894		200.00
201.00	Less Observation Beds	2,518,924	0		201.00
202.00	Total (line 200 minus line 201)	74,598,140	511,988,894		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150158		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/28/2014 12:47 pm	
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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	6,328,161	0	6,328,161	27,393	231.01	30.00
31.00	INTENSIVE CARE UNIT	720,140		720,140	4,761	151.26	31.00
43.00	NURSERY	383,081		383,081	3,393	112.90	43.00
200.00	Total (Lines 30-199)	7,431,382		7,431,382	35,547		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	11,146	2,574,837				
31.00	INTENSIVE CARE UNIT	2,371	358,637				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	13,517	2,933,474				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/28/2014 12:47 pm
--	--	----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,332,162	69,519,178	0.033547	9,416,647	315,900	50.00
51.00	05100 RECOVERY ROOM	189,570	12,883,076	0.014715	970,075	14,275	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,969,213	94,859,858	0.020759	8,657,344	179,718	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	596,498	20,732,652	0.028771	66,154	1,903	55.00
59.00	05900 CARDIAC CATHETERIZATION	339,656	19,038,733	0.017840	2,725,537	48,624	59.00
60.00	06000 LABORATORY	337,119	62,214,681	0.005419	12,941,768	70,131	60.00
65.00	06500 RESPIRATORY THERAPY	220,278	5,861,811	0.037578	2,281,560	85,736	65.00
66.00	06600 PHYSICAL THERAPY	83,020	10,013,945	0.008290	1,797,471	14,901	66.00
67.00	06700 OCCUPATIONAL THERAPY	63,179	2,195,748	0.028773	871,110	25,064	67.00
68.00	06800 SPEECH PATHOLOGY	58,805	716,395	0.082085	303,975	24,952	68.00
69.00	06900 ELECTROCARDIOLOGY	294,076	23,099,674	0.012731	4,888,159	62,231	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	136,179	5,402,122	0.025208	1,140,353	28,746	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	340,956	33,703,104	0.010116	8,918,520	90,220	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	111,254	41,750,327	0.002665	11,652,948	31,055	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	31,888	1,541,244	0.020690	7,217	149	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.02	09002 SLEEP LAB	161,282	7,507,215	0.021484	0	0	90.02
91.00	09100 EMERGENCY	1,400,075	98,002,269	0.014286	7,954,390	113,636	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	429,686	2,946,862	0.145811	121,458	17,710	92.00
200.00	Total (lines 50-199)	9,094,896	511,988,894		74,714,686	1,124,951	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150158		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/28/2014 12:47 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,393	0.00	11,146	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,761	0.00	2,371	0		31.00
43.00	04300	NURSERY	3,393	0.00	0	0		43.00
200.00		Total (lines 30-199)	35,547		13,517	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150158

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2014 12:47 pm

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150158

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	69,519,178	0.000000	0.000000	9,416,647	50.00
51.00	05100	RECOVERY ROOM	0	12,883,076	0.000000	0.000000	970,075	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	94,859,858	0.000000	0.000000	8,657,344	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,732,652	0.000000	0.000000	66,154	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,038,733	0.000000	0.000000	2,725,537	59.00
60.00	06000	LABORATORY	0	62,214,681	0.000000	0.000000	12,941,768	60.00
65.00	06500	RESPIRATORY THERAPY	0	5,861,811	0.000000	0.000000	2,281,560	65.00
66.00	06600	PHYSICAL THERAPY	0	10,013,945	0.000000	0.000000	1,797,471	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,195,748	0.000000	0.000000	871,110	67.00
68.00	06800	SPEECH PATHOLOGY	0	716,395	0.000000	0.000000	303,975	68.00
69.00	06900	ELECTROCARDIOLOGY	0	23,099,674	0.000000	0.000000	4,888,159	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,402,122	0.000000	0.000000	1,140,353	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	33,703,104	0.000000	0.000000	8,918,520	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	41,750,327	0.000000	0.000000	11,652,948	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,541,244	0.000000	0.000000	7,217	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002	SLEEP LAB	0	7,507,215	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	98,002,269	0.000000	0.000000	7,954,390	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,946,862	0.000000	0.000000	121,458	92.00
200.00		Total (lines 50-199)	0	511,988,894			74,714,686	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 12:47 pm
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	7,560,465	0	50.00
51.00	05100 RECOVERY ROOM	0	1,935,760	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,941,399	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,180,599	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,504,922	0	59.00
60.00	06000 LABORATORY	0	2,269,188	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	542,355	0	65.00
66.00	06600 PHYSICAL THERAPY	0	41,911	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,696,387	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	868,821	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,493,585	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,547,346	0	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	751,057	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.02	09002 SLEEP LAB	0	1,580,996	0	90.02
91.00	09100 EMERGENCY	0	11,259,112	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	601,908	0	92.00
200.00	Total (lines 50-199)	0	63,775,811	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 12:47 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.142252	7,560,465	0	0	1,075,491	50.00
51.00	05100	RECOVERY ROOM	0.262052	1,935,760	0	0	507,270	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105041	14,941,399	0	0	1,569,459	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142298	8,180,599	0	0	1,164,083	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.082788	2,504,922	0	0	207,377	59.00
60.00	06000	LABORATORY	0.117784	2,269,188	1,192	0	267,274	60.00
65.00	06500	RESPIRATORY THERAPY	0.390069	542,355	0	0	211,556	65.00
66.00	06600	PHYSICAL THERAPY	0.197694	41,911	0	0	8,286	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.292584	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.422670	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060741	4,696,387	0	0	285,263	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.795738	868,821	0	0	691,354	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.319342	3,493,585	0	0	1,115,648	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124323	2,547,346	0	39,424	316,694	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.249617	751,057	0	0	187,477	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0.131565	1,580,996	0	0	208,004	90.02
91.00	09100	EMERGENCY	0.115053	11,259,112	0	0	1,295,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.854782	601,908	0	0	514,500	92.00
200.00		Subtotal (see instructions)		63,775,811	1,192	39,424	9,625,131	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		63,775,811	1,192	39,424	9,625,131	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 12:47 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	140	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,901	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 SLEEP LAB	0	0	90.02
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)	140	4,901	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	140	4,901	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150158		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/28/2014 12:47 pm		
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		
Title XIX Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,328,161	0	6,328,161	27,393	231.01	30.00	
31.00	INTENSIVE CARE UNIT	720,140		720,140	4,761	151.26	31.00	
43.00	NURSERY	383,081		383,081	3,393	112.90	43.00	
200.00	Total (Lines 30-199)	7,431,382		7,431,382	35,547		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	1,263	291,766					30.00
31.00	INTENSIVE CARE UNIT	235	35,546					31.00
43.00	NURSERY	193	21,790					43.00
200.00	Total (Lines 30-199)	1,691	349,102					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/28/2014 12:47 pm
		Title XIX		Hospital
				PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,332,162	69,519,178	0.033547	1,948,855	65,378	50.00
51.00	05100 RECOVERY ROOM	189,570	12,883,076	0.014715	112,692	1,658	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,969,213	94,859,858	0.020759	1,091,946	22,668	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	596,498	20,732,652	0.028771	17,454	502	55.00
59.00	05900 CARDIAC CATHETERIZATION	339,656	19,038,733	0.017840	542,813	9,684	59.00
60.00	06000 LABORATORY	337,119	62,214,681	0.005419	640,591	3,471	60.00
65.00	06500 RESPIRATORY THERAPY	220,278	5,861,811	0.037578	268,366	10,085	65.00
66.00	06600 PHYSICAL THERAPY	83,020	10,013,945	0.008290	135,795	1,126	66.00
67.00	06700 OCCUPATIONAL THERAPY	63,179	2,195,748	0.028773	54,394	1,565	67.00
68.00	06800 SPEECH PATHOLOGY	58,805	716,395	0.082085	23,503	1,929	68.00
69.00	06900 ELECTROCARDIOLOGY	294,076	23,099,674	0.012731	394,611	5,024	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	136,179	5,402,122	0.025208	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	340,956	33,703,104	0.010116	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	111,254	41,750,327	0.002665	1,720,186	4,584	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	31,888	1,541,244	0.020690	388	8	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.02	09002 SLEEP LAB	161,282	7,507,215	0.021484	0	0	90.02
91.00	09100 EMERGENCY	1,400,075	98,002,269	0.014286	932,706	13,325	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	429,686	2,946,862	0.145811	0	0	92.00
200.00	Total (lines 50-199)	9,094,896	511,988,894		7,884,300	141,007	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150158		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/28/2014 12:47 pm	
Cost Center Description			Title XIX		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,393	0.00	1,263	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,761	0.00	235	0		31.00
43.00	04300	NURSERY	3,393	0.00	193	0		43.00
200.00		Total (lines 30-199)	35,547		1,691	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150158

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2014 12:47 pm

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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	0	0	0	90.02
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: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 12:47 pm
--	----------------------	---------------------------------------	--

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	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	69,519,178	0.000000	0.000000	1,948,855	50.00
51.00	05100 RECOVERY ROOM	0	12,883,076	0.000000	0.000000	112,692	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	94,859,858	0.000000	0.000000	1,091,946	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	20,732,652	0.000000	0.000000	17,454	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	19,038,733	0.000000	0.000000	542,813	59.00
60.00	06000 LABORATORY	0	62,214,681	0.000000	0.000000	640,591	60.00
65.00	06500 RESPIRATORY THERAPY	0	5,861,811	0.000000	0.000000	268,366	65.00
66.00	06600 PHYSICAL THERAPY	0	10,013,945	0.000000	0.000000	135,795	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,195,748	0.000000	0.000000	54,394	67.00
68.00	06800 SPEECH PATHOLOGY	0	716,395	0.000000	0.000000	23,503	68.00
69.00	06900 ELECTROCARDIOLOGY	0	23,099,674	0.000000	0.000000	394,611	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,402,122	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	33,703,104	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	41,750,327	0.000000	0.000000	1,720,186	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,541,244	0.000000	0.000000	388	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002 SLEEP LAB	0	7,507,215	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	0	98,002,269	0.000000	0.000000	932,706	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,946,862	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	511,988,894			7,884,300	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150158

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0		90.00
90.02	09002 SLEEP LAB	0	0	0		90.02
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: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 12:47 pm
		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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.142252	0	2,001,934	0	0	50.00
51.00	05100	RECOVERY ROOM	0.262052	0	373,422	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105041	0	2,866,799	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142298	0	1,392,028	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.082788	0	546,622	0	0	59.00
60.00	06000	LABORATORY	0.117784	0	428,037	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.390069	0	62,124	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.197694	0	232,968	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.292584	0	36,877	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.422670	0	13,417	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060741	0	387,847	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.795738	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.319342	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124323	0	443,505	0	0	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.249617	0	7,987	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0.131565	0	236,419	0	0	90.02
91.00	09100	EMERGENCY	0.115053	0	4,734,509	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.854782	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	13,764,495	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	13,764,495	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 12:47 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	284,779	0	50.00
51.00	05100 RECOVERY ROOM	97,856	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	301,131	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	198,083	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	45,254	0	59.00
60.00	06000 LABORATORY	50,416	0	60.00
65.00	06500 RESPIRATORY THERAPY	24,233	0	65.00
66.00	06600 PHYSICAL THERAPY	46,056	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	10,790	0	67.00
68.00	06800 SPEECH PATHOLOGY	5,671	0	68.00
69.00	06900 ELECTROCARDIOLOGY	23,558	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	55,138	0	73.00
76.00	03021 OTHER ANCILLARY COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,994	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.02	09002 SLEEP LAB	31,104	0	90.02
91.00	09100 EMERGENCY	544,719	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	1,720,782	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	1,720,782	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2014 12:47 pm
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		27,393	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		27,393	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		25,533	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)		11,146	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		37,097,325	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)		37,097,325	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		37,097,325	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,354.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,094,582	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)		15,094,582	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 12:47 pm	
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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,060,745	4,761	1,483.04	2,371	3,516,288	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)					12,413,099	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,023,969	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,933,474	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,124,951	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,058,425	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,965,544	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)					1,860	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,354.26	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,518,924	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 12:47 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,328,161	37,097,325	0.170583	2,518,924	429,686	90.00
91.00	Nursing School cost	0	37,097,325	0.000000	2,518,924	0	91.00
92.00	Allied health cost	0	37,097,325	0.000000	2,518,924	0	92.00
93.00	All other Medical Education	0	37,097,325	0.000000	2,518,924	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2014 12:47 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		27,393	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		27,393	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		25,533	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)		1,263	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,393	15.00
16.00	Nursery days (title V or XIX only)		193	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		37,097,325	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)		37,097,325	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		37,097,325	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,354.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,710,430	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)		1,710,430	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 12:47 pm		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	3,488,894	3,393	1,028.26	193	198,454	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,060,745	4,761	1,483.04	235	348,514	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)					1,046,944	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,304,342	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)					349,102	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					141,007	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					490,109	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,814,233	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)					1,860	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,354.26	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,518,924	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150158		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 12:47 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,328,161	37,097,325	0.170583	2,518,924	429,686	90.00
91.00	Nursing School cost	0	37,097,325	0.000000	2,518,924	0	91.00
92.00	Allied health cost	0	37,097,325	0.000000	2,518,924	0	92.00
93.00	All other Medical Education	0	37,097,325	0.000000	2,518,924	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 12:47 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		16,305,013	30.00
31.00	03100	INTENSIVE CARE UNIT		6,846,764	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.142252	9,416,647	50.00
51.00	05100	RECOVERY ROOM	0.262052	970,075	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105041	8,657,344	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142298	66,154	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.082788	2,725,537	59.00
60.00	06000	LABORATORY	0.117784	12,941,768	60.00
65.00	06500	RESPIRATORY THERAPY	0.390069	2,281,560	65.00
66.00	06600	PHYSICAL THERAPY	0.197694	1,797,471	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.292584	871,110	67.00
68.00	06800	SPEECH PATHOLOGY	0.422670	303,975	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060741	4,888,159	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.795738	1,140,353	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.319342	8,918,520	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124323	11,652,948	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.249617	7,217	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	SLEEP LAB	0.131565	0	90.02
91.00	09100	EMERGENCY	0.115053	7,954,390	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.854782	121,458	92.00
200.00		Total (sum of lines 50-94 and 96-98)		74,714,686	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)		74,714,686	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 12:47 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,493,123	30.00
31.00	03100	INTENSIVE CARE UNIT		790,506	31.00
43.00	04300	NURSERY		186,884	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.142252	1,948,855	50.00
51.00	05100	RECOVERY ROOM	0.262052	112,692	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105041	1,091,946	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.142298	17,454	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.082788	542,813	59.00
60.00	06000	LABORATORY	0.117784	640,591	60.00
65.00	06500	RESPIRATORY THERAPY	0.390069	268,366	65.00
66.00	06600	PHYSICAL THERAPY	0.197694	135,795	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.292584	54,394	67.00
68.00	06800	SPEECH PATHOLOGY	0.422670	23,503	68.00
69.00	06900	ELECTROCARDIOLOGY	0.060741	394,611	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.795738	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.319342	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124323	1,720,186	73.00
76.00	03021	OTHER ANCILLARY COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.249617	388	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	SLEEP LAB	0.131565	0	90.02
91.00	09100	EMERGENCY	0.115053	932,706	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.854782	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		7,884,300	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)		7,884,300	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 12:47 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		13,395,247	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		4,794,534	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		1,074,970	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)		122.47	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.28	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.96	31.00
32.00	Sum of lines 30 and 31		18.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.61	33.00
34.00	Disproportionate share adjustment (see instructions)		672,778	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 12:47 pm	
		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)			0.000137772	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			1,246,338	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			314,146	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		314,146		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)			20,251,675	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)			20,251,675	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			1,863,401	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)			22,115,076	59.00
60.00	Primary payer payments			3,540	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			22,111,536	61.00
62.00	Deductibles billed to program beneficiaries			2,177,496	62.00
63.00	Coinurance billed to program beneficiaries			84,889	63.00
64.00	Allowable bad debts (see instructions)			306,800	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			199,420	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			92,131	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			20,048,571	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)			25,496	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-2,397	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: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 12:47 pm	
		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)		20,071,670		71.00
71.01	Sequestration adjustment (see instructions)		303,082		71.01
72.00	Interim payments		19,581,550		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		187,038		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		4,136,840		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 12:47 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		5,041	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,625,131	2.00
3.00	PPS payments		9,355,202	3.00
4.00	Outlier payment (see instructions)		105,189	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)		5,041	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		40,616	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)		40,616	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		40,616	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		35,575	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)		5,041	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)		9,460,391	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,186,819	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)		7,278,613	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)		7,278,613	30.00
31.00	Primary payer payments		837	31.00
32.00	Subtotal (line 30 minus line 31)		7,277,776	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		361,009	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		234,656	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		165,117	36.00
37.00	Subtotal (see instructions)		7,512,432	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-387	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)		7,512,819	40.00
40.01	Sequestration adjustment (see instructions)		113,444	40.01
41.00	Interim payments		7,236,647	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		162,728	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		1,038	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150158

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2014 12:47 pm

		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		19,581,550		7,236,647	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)		19,581,550		7,236,647	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		187,038		162,728	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		19,768,588		7,399,375	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: 150158

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/28/2014 12:47 pm

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	8,160	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	13,517	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2	5,743	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	30,294	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	582,697,936	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	78,998,650	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)	1,876,739	8.00
9.00	Sequestration adjustment amount (see instructions)	37,535	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,839,204	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>			
30.00	Initial/interim HIT payment adjustment (see instructions)	1,508,134	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)	331,070	32.00

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

Provider CCN: 150158

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

Worksheet G

Date/Time Prepared:  
5/28/2014 12:47 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	106,922,000	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	21,478,000	0	0	0	4.00
5.00	Other receivable	1,308,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,602,000	0	0	0	7.00
8.00	Prepaid expenses	616,000	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)	131,926,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	6,456,000	0	0	0	13.00
14.00	Accumulated depreciation	-3,226,000	0	0	0	14.00
15.00	Buildings	74,902,000	0	0	0	15.00
16.00	Accumulated depreciation	-16,875,000	0	0	0	16.00
17.00	Leasehold improvements	25,249,000	0	0	0	17.00
18.00	Accumulated depreciation	-5,489,000	0	0	0	18.00
19.00	Fixed equipment	14,044,000	0	0	0	19.00
20.00	Accumulated depreciation	-9,170,000	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	51,235,000	0	0	0	23.00
24.00	Accumulated depreciation	-38,968,000	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)	98,158,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	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	2,623,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,623,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	232,707,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	9,869,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,708,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,007,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	1,694,000	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)	20,278,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	107,040,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,692,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	109,732,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	130,010,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	102,697,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	102,697,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	232,707,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150158

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

Worksheet G-1

Date/Time Prepared:  
5/28/2014 12:47 pm

		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		60,280,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		42,416,019			2.00
3.00	Total (sum of line 1 and line 2)		102,696,019		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CHANGE IN UNRESTRICTED FUND BALANCE	0		0		5.00
6.00	MINOR VARIANCE-ADJ TO DOC	981		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)		981		0	10.00
11.00	Subtotal (line 3 plus line 10)		102,697,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		102,697,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	CHANGE IN UNRESTRICTED FUND BALANCE		0			5.00
6.00	MINOR VARIANCE-ADJ TO DOC		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150158

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/28/2014 12:47 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	57,570,485		57,570,485	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	57,570,485		57,570,485	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,138,557		13,138,557	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)	13,138,557		13,138,557	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	70,709,042		70,709,042	17.00
18.00	Ancillary services	154,330,155	249,066,728	403,396,883	18.00
19.00	Outpatient services	18,230,026	90,226,320	108,456,346	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
27.01	PHARMACY AND RETAIL PHARMCY	0	3,518,505	3,518,505	27.01
27.02	PHYSICIANS FEES	0	22,142	22,142	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	243,269,223	342,833,695	586,102,918	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		146,240,706		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)		146,240,706		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150158

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

Worksheet G-3

Date/Time Prepared:  
5/28/2014 12:47 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	586,102,918	1.00
2.00	Less contractual allowances and discounts on patients' accounts	401,855,357	2.00
3.00	Net patient revenues (line 1 minus line 2)	184,247,561	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	146,240,706	4.00
5.00	Net income from service to patients (line 3 minus line 4)	38,006,855	5.00
<b>OTHER INCOME</b>			
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	121,150	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	774,730	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	260,811	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	757,899	22.00
23.00	Governmental appropriations	26,037	23.00
24.00	IC REV DIRECT SUPP-EHSC	4,370	24.00
24.01		0	24.01
24.02		0	24.02
24.03	OTHER OPERATING/GAIN LOSS	1,181,639	24.03
24.04	EHRC INCENTIVE	1,119,635	24.04
24.05		0	24.05
24.06	IC REV - WOMEN'S HEALTH-CHP	25,483	24.06
24.07	REV MED STAFF OFFICE -IUHP	137,410	24.07
25.00	Total other income (sum of lines 6-24)	4,409,164	25.00
26.00	Total (line 5 plus line 25)	42,416,019	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	42,416,019	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150158	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/28/2014 12:47 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,446,973	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		362,022	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)		83.00	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)		2.28	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.96	8.00
9.00	Sum of lines 7 and 8		18.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.76	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		54,406	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,863,401	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00