

**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/16/2014 Time: 9:42 am  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.  
 Contractor use only 5.  Cost Report Status 6. Date Received: 10. NPR Date:  
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4  
 (2) Settled without Audit 8.  Initial Report for this Provider CCN 12.  If line 5, column 1 is 4: enter number of times reopened = 0-9.  
 (3) Settled with Audit 9.  Final Report for this Provider CCN  
 (4) Reopened  
 (5) Amended

**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 KING'S DAUGHTERS' HOSPITAL ( 150069 ) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/16/2014 Time: 9:42 am  
 1bshowkIMIqPvnwNcn6ud6Qgg3Hcs0  
 yHX0t0L: xSP: xv5jzo5K8fEgg.PmG1  
 ayVklB1wrk0rP21F  
 PI: Date: 5/16/2014 Time: 9:42 am  
 9UbM8IwFpzut. jL3V0bbV6I177o7C0  
 PMy550hjrystB0h3dtyRtYyk: ye8QE  
 Ts7B0WB: Fa0zffM8

(Signed)

*[Signature]*  
 Officer or Administrator of Provider(s)

Title

CFO  
 5-27-14

Date

	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	-604,570	64,689	-27,132	0
2.00 Subprovider - IPF	0	0	0		0
3.00 Subprovider - IRF	0	0	0		0
5.00 Swing bed - SNF	0	0	0		0
6.00 Swing bed - NF	0	0	0		0
9.00 HOME HEALTH AGENCY I	0	0	0		0
200.00 Total	0	-604,570	64,689	-27,132	0

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: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/15/2014 6:20 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: ONE KINGS DAUGHTERS DRIVE	PO Box: 447	Zip Code: 47250-	2.00
2.00	City: MADISON	State: IN	County: JEFFERSON	2.00

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	KING'S DAUGHTERS' HOSPITAL	150069	99915	1	06/17/1966	N	P	O	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	KING'S DAUGHTERS' HOSPITAL HHA	157141	99915		03/08/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	KING'S DAUGHTERS'	151535	99915		09/01/1995				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		

20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2013	12/31/2013	20.00
21.00	Type of Control (see instructions)	2		21.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
								1.00
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.	1,063	87	2	16	1,538	75	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/15/2014 6:20 pm		
		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.	2			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.	2			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.	1			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	01/01/2013	12/31/2013		36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	Y	Y		39.00	
		V	XVII	XIX		
		1.00	2.00	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	N	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<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.				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/15/2014 6:20 pm																																																																																																																																																																										
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))																																																																																																																																																																										
		1.00	2.00	3.00																																																																																																																																																																										
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))																																																																																																																																																																								
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<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td colspan="7">Inpatient Psychiatric Facility PPS</td> </tr> <tr> <td>70.00</td> <td>Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td>70.00</td> </tr> <tr> <td>71.00</td> <td>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)</td> <td></td> <td></td> <td></td> <td>0</td> <td>71.00</td> </tr> <tr> <td colspan="7">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td>75.00</td> </tr> <tr> <td>76.00</td> <td>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)</td> <td></td> <td></td> <td></td> <td>0</td> <td>76.00</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="3">1.00</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td colspan="7">Long Term Care Hospital PPS</td> </tr> <tr> <td>80.00</td> <td>Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td>80.00</td> </tr> <tr> <td colspan="7">TEFRA Providers</td> </tr> <tr> <td>85.00</td> <td>Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td>85.00</td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td>86.00</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th colspan="2">XIX</th> <th colspan="2"></th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th colspan="2">2.00</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td></td> <td>N</td> <td>Y</td> <td>90.00</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td>Y</td> <td>91.00</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td>N</td> <td>92.00</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td>N</td> <td>93.00</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td></td> <td>N</td> <td>N</td> <td>94.00</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td></td> <td>0.00</td> <td>0.00</td> <td>95.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table> </td></tr></tbody></table>									1.00	2.00	3.00			Inpatient Psychiatric Facility PPS							70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. 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		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	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	
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	109.00
		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.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	0		118.01
		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.	Y	Y		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/15/2014 6:20 pm			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N				145.00	
				1.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 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			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0				168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	1.00				169.00	
		Beginni ng 1.00		Endi ng 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)	07/01/2013		09/30/2013		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/15/2014 6:20 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)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		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	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		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	04/02/2013	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: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/15/2014 6:20 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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUCIA		GERBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.992.3524		LGERBER@BLUEANDCO.COM	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/02/2013	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: 150069

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/15/2014 6:20 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	77	28,105	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)		77	28,105	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	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)		83	30,295	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	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	93			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)		83				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: 150069

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/15/2014 6:20 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)	7,242	1,435	12,143			1.00
2.00 HMO and other (see instructions)	1,024	850				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,242	1,435	12,143			7.00
8.00 INTENSIVE CARE UNIT	744	177	1,449			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		244	1,019			13.00
14.00 Total (see instructions)	7,986	1,856	14,611	0.00	873.50	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	7,409	884	11,734	0.00	19.01	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	1,877	0	2,090	0.00	2.20	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	894.71	27.00
28.00 Observation Bed Days		457	2,529			28.00
29.00 Ambulance Trips	1,782					29.00
30.00 Employee discount days (see instruction)			232			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	75	127			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: 150069

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/15/2014 6:20 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	1,837	451	3,639	1.00
2.00 HMO and other (see instructions)			229			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,837	451	3,639	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	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
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: 150069

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/15/2014 6:20 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 II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	53,273,946	0	53,273,946	1,812,665.74	29.39
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		367,587	0	367,587	4,206.48	87.39
4.00	Physician-Part A - Administrative		160,000	0	160,000	977.25	163.72
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		2,442,801	0	2,442,801	10,483.99	233.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		21,134,627	458,067	21,592,694	570,053.38	37.88
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		0	0	0	0.00	0.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		150,000	0	150,000	857.25	174.98
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		9,898,508	0	9,898,508		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,295,390	0	3,295,390		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		36,456	0	36,456		
22.00	Physician Part A - Administrative		1,883	0	1,883		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		230,332	0	230,332		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	30,916	0	30,916	2,117.86	14.60
27.00	Administrative & General	5.00	6,618,932	0	6,618,932	270,153.61	24.50
28.00	Administrative & General under contract (see inst.)		625,545	0	625,545	2,389.09	261.83
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	776,952	0	776,952	33,057.40	23.50
31.00	Laundry & Linen Service	8.00	81,183	0	81,183	4,803.06	16.90
32.00	Housekeeping	9.00	951,011	0	951,011	82,282.06	11.56
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	672,430	-332,214	340,216	24,507.17	13.88
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	332,214	332,214	24,225.00	13.71
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	345,871	0	345,871	8,785.37	39.37
39.00	Central Services and Supply	14.00	101,151	0	101,151	11,495.04	8.80
40.00	Pharmacy	15.00	897,419	0	897,419	24,010.77	37.38
41.00	Medical Records & Medical Records Library	16.00	662,076	0	662,076	35,116.83	18.85

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150069

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/15/2014 6:20 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	212,700	0	212,700	6,772.16	31.41	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: 150069

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/15/2014 6:20 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	51,089,103	0	51,089,103	1,800,364.36	28.38	1.00
2.00	Excluded area salaries (see instructions)	21,134,627	458,067	21,592,694	570,053.38	37.88	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,954,476	-458,067	29,496,409	1,230,310.98	23.97	3.00
4.00	Subtotal other wages & related costs (see inst.)	150,000	0	150,000	857.25	174.98	4.00
5.00	Subtotal wage-related costs (see inst.)	9,900,391	0	9,900,391	0.00	33.56	5.00
6.00	Total (sum of lines 3 thru 5)	40,004,867	-458,067	39,546,800	1,231,168.23	32.12	6.00
7.00	Total overhead cost (see instructions)	11,976,186	0	11,976,186	529,715.42	22.61	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/15/2014 6:20 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)		1,941,927	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	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)		7,656,384	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		152,985	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)		143,860	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		243,650	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		3,295,894	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		27,869	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		13,462,569	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: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/15/2014 6:20 pm	
Cost Center Description			Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost			1.00	2.00	
Hospital and Hospital-Based Component Identification:					
1.00	Total facility's contract labor and benefit cost		0	0	1.00
2.00	Hospital		0	0	2.00
3.00	Subprovider - IPF				3.00
4.00	Subprovider - IRF				4.00
5.00	Subprovider - (Other)		0	0	5.00
6.00	Swing Beds - SNF		0	0	6.00
7.00	Swing Beds - NF		0	0	7.00
8.00	Hospital-Based SNF				8.00
9.00	Hospital-Based NF				9.00
10.00	Hospital-Based OLTC				10.00
11.00	Hospital-Based HHA		0	0	11.00
12.00	Separately Certified ASC				12.00
13.00	Hospital-Based Hospice		0	0	13.00
14.00	Hospital-Based Health Clinic RHC				14.00
15.00	Hospital-Based Health Clinic FQHC				15.00
16.00	Hospital-Based-CMHC				16.00
17.00	Renal Dialysis				17.00
18.00	Other		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150069 Component CCN: 157141		Period: From 01/01/2013 To 12/31/2013		Worksheet S-4 Date/Time Prepared: 5/15/2014 6:20 pm	
				Home Health Agency I		PPS	
						1.00	
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0 1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	396.00	0.00	0.00	0.00 2.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00 3.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00 4.00	
5.00	Other Administrative Personnel			0.00	0.00	0.00 5.00	
6.00	Direct Nursing Service			0.00	0.00	0.00 6.00	
7.00	Nursing Supervisor			0.00	0.00	0.00 7.00	
8.00	Physical Therapy Service			0.00	0.00	0.00 8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00 9.00	
10.00	Occupational Therapy Service			0.00	0.00	0.00 10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00 11.00	
12.00	Speech Pathology Service			0.00	0.00	0.00 12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00 13.00	
14.00	Medical Social Service			0.00	0.00	0.00 14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00 15.00	
16.00	Home Health Aide			0.00	0.00	0.00 16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00 17.00	
18.00	Other (specify)			0.00	0.00	0.00 18.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			17140		20.00	
20.01				99915		20.01	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,597	201	95	97	2,990 21.00	
22.00	Skilled Nursing Visit Charges	488,559	37,072	17,158	17,970	560,759 22.00	
23.00	Physical Therapy Visits	2,333	71	38	31	2,473 23.00	
24.00	Physical Therapy Visit Charges	390,643	12,020	5,220	5,330	413,213 24.00	
25.00	Occupational Therapy Visits	452	27	6	8	493 25.00	
26.00	Occupational Therapy Visit Charges	86,550	5,184	1,152	1,518	94,404 26.00	
27.00	Speech Pathology Visits	42	0	0	0	42 27.00	
28.00	Speech Pathology Visit Charges	8,118	0	0	0	8,118 28.00	
29.00	Medical Social Service Visits	4	0	0	0	4 29.00	
30.00	Medical Social Service Visit Charges	1,028	0	0	0	1,028 30.00	
31.00	Home Health Aide Visits	1,256	118	0	33	1,407 31.00	
32.00	Home Health Aide Visit Charges	142,549	13,188	0	3,751	159,488 32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	6,684	417	139	169	7,409 33.00	
34.00	Other Charges	0	0	0	0	0 34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,117,447	67,464	23,530	28,569	1,237,010 35.00	
36.00	Total Number of Episodes (standard/non outlier)	380		40	7	427 36.00	
37.00	Total Number of Outlier Episodes		7		2	9 37.00	
38.00	Total Non-Routine Medical Supply Charges	97,281	7,976	4,260	3,490	113,007 38.00	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150069  
Component CCN: 151535

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

Worksheet S-9  
Parts I & II  
Date/Time Prepared:  
5/15/2014 6:20 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART I - ENROLLMENT DAYS</b>								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	1,792	0	0	0	0	1,792	2.00
3.00	Inpatient Respite Care	13	0	0	0	0	13	3.00
4.00	General Inpatient Care	72	0	0	0	0	72	4.00
5.00	Total Hospice Days	1,877	0	0	0	0	1,877	5.00
<b>Part II - CENSUS DATA</b>								
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	72	0	0	0	0	72	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/15/2014 6:20 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.303259	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,706,725	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			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		32,285,191	6.00	
7.00	Medicaid cost (line 1 times line 6)		9,790,775	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)		6,084,050	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,084,050	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	4,708,416	438,151	5,146,567	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,427,870	132,873	1,560,743	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,427,870	132,873	1,560,743	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		12,558,440	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		288,626	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		12,269,814	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,720,932	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,281,675	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,365,725	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150069

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

Worksheet A  
Date/Time Prepared:  
5/15/2014 6:20 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		11,276,984	5,306,883	16,583,867	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO		0	65,341	65,341	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	30,916	14,046,219	-36,456	14,040,679	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,618,932	13,653,130	421,940	20,694,002	5.00
7.00	00700	OPERATION OF PLANT	776,952	1,948,058	78,551	2,803,561	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	81,183	308,354	389,537	389,537	8.00
9.00	00900	HOUSEKEEPING	951,011	279,591	-13,074	1,217,528	9.00
10.00	01000	DIETARY	672,430	474,047	-567,478	578,999	10.00
11.00	01100	CAFETERIA	0	0	566,417	566,417	11.00
13.00	01300	NURSING ADMINISTRATION	345,871	6,187	0	352,058	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	101,151	27,852	251,825	380,828	14.00
15.00	01500	PHARMACY	897,419	4,691,438	-273,750	5,315,107	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	662,076	341,701	0	1,003,777	16.00
17.00	01700	SOCIAL SERVICE	212,700	2,266	0	214,966	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	404,043	404,043	19.00
23.00	02300	RADIOLOGY SCHOOL	131,359	8,996	0	140,355	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	5,218,235	586,462	-1,035,691	4,769,006	30.00
31.00	03100	INTENSIVE CARE UNIT	963,458	20,874	-15,378	968,954	31.00
43.00	04300	NURSERY	0	0	383,133	383,133	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,807,724	2,476,597	-1,821,730	2,462,591	50.00
51.00	05100	RECOVERY ROOM	232,883	39,311	-37,614	234,580	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	156,461	156,461	52.00
53.00	05300	ANESTHESIOLOGY	1,498,466	128,869	-462,738	1,164,597	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,060,119	943,823	-43,056	3,960,886	54.00
54.01	03630	ULTRA SOUND	155,904	60,210	-5,304	210,810	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	92,076	188,130	-1,657	278,549	54.02
55.00	03480	ONCOLOGY	621,714	1,124,427	-1,303,522	442,619	55.00
57.00	05700	CT SCAN	324,299	231,229	-12,205	543,323	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	187,373	66,714	-1,108	252,979	58.00
59.00	05900	CARDIAC CATHETERIZATION	280,089	219,312	-157,378	342,023	59.00
60.00	06000	LABORATORY	1,737,886	2,698,720	-261,622	4,174,984	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	342,711	0	342,711	62.00
65.00	06500	RESPIRATORY THERAPY	635,592	110,070	-44,025	701,637	65.00
66.00	06600	PHYSICAL THERAPY	1,581,706	83,186	-37,918	1,626,974	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03020	SLEEP LAB	113,555	84,834	-6,712	191,677	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,788,132	2,788,132	71.00
71.01	07101	IV SOLUTIONS	0	0	71,047	71,047	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,759,763	0	1,759,763	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	439,320	123,781	-22,487	540,614	76.00
76.97	07697	CARDIAC REHABILITATION	62,783	4,856	-882	66,757	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	129,267	11,717	-9,937	131,047	90.00
91.00	09100	EMERGENCY	1,646,229	370,025	-206,874	1,809,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	1,328,298	251,665	-27,618	1,552,345	95.00
101.00	10100	HOME HEALTH AGENCY	1,060,054	135,361	-31	1,195,384	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE		4,702,261	-4,702,261	0	113.00
116.00	11600	HOSPICE	117,522	67,647	0	185,169	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,776,552	63,897,378	-614,733	98,059,197	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	94,126	94,126	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	194.00
194.01	07951	MOB	3,958,602	535,508	-10,610	4,483,500	194.01
194.02	07952	PHYSICIAN CLINICS	5,856,449	1,467,533	-404,962	6,919,020	194.02
194.03	07953	PHYS PRAC BUS OFC	896,175	29,879	-1,161	924,893	194.03
194.04	07954	MOB - MAIN CAMPUS	7,786,168	2,343,208	-316,054	9,813,322	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	1,253,394	1,253,394	194.05
200.00		TOTAL (SUM OF LINES 118-199)	53,273,946	68,273,506	0	121,547,452	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150069

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

Worksheet A  
Date/Time Prepared:  
5/15/2014 6:20 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	-1,832,910	14,750,957	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	65,341	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,612,881	8,427,798	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-616,704	20,077,298	5.00
7.00	00700	OPERATION OF PLANT	-22,716	2,780,845	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	389,537	8.00
9.00	00900	HOUSEKEEPING	0	1,217,528	9.00
10.00	01000	DIETARY	0	578,999	10.00
11.00	01100	CAFETERIA	-284,316	282,101	11.00
13.00	01300	NURSING ADMINISTRATION	-115,130	236,928	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	380,828	14.00
15.00	01500	PHARMACY	-30,354	5,284,753	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,069	1,023,846	16.00
17.00	01700	SOCIAL SERVICE	0	214,966	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-404,043	0	19.00
23.00	02300	RADIOLOGY SCHOOL	0	140,355	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	4,769,006	30.00
31.00	03100	INTENSIVE CARE UNIT	0	968,954	31.00
43.00	04300	NURSERY	0	383,133	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-431,901	2,030,690	50.00
51.00	05100	RECOVERY ROOM	0	234,580	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	156,461	52.00
53.00	05300	ANESTHESIOLOGY	-1,130,879	33,718	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,531,468	2,429,418	54.00
54.01	03630	ULTRA SOUND	0	210,810	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	278,549	54.02
55.00	03480	ONCOLOGY	-139,284	303,335	55.00
57.00	05700	CT SCAN	0	543,323	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	252,979	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	342,023	59.00
60.00	06000	LABORATORY	-64,300	4,110,684	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	342,711	62.00
65.00	06500	RESPIRATORY THERAPY	0	701,637	65.00
66.00	06600	PHYSICAL THERAPY	0	1,626,974	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03020	SLEEP LAB	0	191,677	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,788,132	71.00
71.01	07101	IV SOLUTIONS	0	71,047	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,759,763	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03140	CARDIOLOGY	0	540,614	76.00
76.97	07697	CARDIAC REHABILITATION	0	66,757	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	131,047	90.00
91.00	09100	EMERGENCY	-139,770	1,669,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	1,552,345	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,195,384	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	185,169	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-12,336,587	85,722,610	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	94,126	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	194.00
194.01	07951	MOB	0	4,483,500	194.01
194.02	07952	PHYSICIAN CLINICS	0	6,919,020	194.02
194.03	07953	PHYS PRAC BUS OFC	0	924,893	194.03
194.04	07954	MOB - MAIN CAMPUS	0	9,813,322	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	1,253,394	194.05
200.00		TOTAL (SUM OF LINES 118-199)	-12,336,587	109,210,865	200.00

RECLASSIFICATIONS

Provider CCN: 150069

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

Worksheet A-6  
Date/Time Prepared:  
5/15/2014 6:20 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAFETERIA</b>					
1.00	CAFETERIA	11.00	332,214	234,203	1.00
	TOTALS		332,214	234,203	
<b>B - EQUIPMENT</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	359,360	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	359,360	
<b>C - INTEREST</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,702,261	1.00
	TOTALS		0	4,702,261	
<b>D - RADIOLOGY DIRECTOR</b>					
1.00	PHYSICIAN CLINICS	194.02	11,796	0	1.00
	TOTALS		11,796	0	
<b>E - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01	0	65,341	1.00
	TOTALS		0	65,341	
<b>F - NURSERY- L&amp;D</b>					
1.00	NURSERY	43.00	344,064	39,069	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	140,506	15,955	2.00
	TOTALS		484,570	55,024	
<b>G - IV SOLUTIONS</b>					
1.00	IV SOLUTIONS	71.01	0	71,047	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
	TOTALS		0	71,047	
<b>H - GIFT SHOP</b>					
1.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	190.00	0	94,126	1.00
	TOTALS		0	94,126	
<b>I - SUPPLIES RECLASS</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	251,825	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,788,132	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	97,057	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
	TOTALS		0	3,137,014	

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
<b>J - RADIOLOGY AND PHYSICIAN OFFICE</b>					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	88,055	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	482,648	2.00
3.00	OPERATION OF PLANT	7.00	0	79,170	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
TOTALS			0	649,873	
<b>K - CRNA EXPENSE</b>					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	367,587	36,456	1.00
2.00		0.00	0	0	2.00
TOTALS			367,587	36,456	
<b>L - TELEPHONE EXPENSE</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	158,909	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS			0	158,909	
<b>N - INSURANCE</b>					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	222,548	1.00
TOTALS			0	222,548	
<b>P - ONCOLOGY</b>					
1.00	ONCOLOGY - NONREIMBURSABLE	194.05	446,271	807,123	1.00
TOTALS			446,271	807,123	
500.00	Grand Total: Increases		1,642,438	10,593,285	500.00

RECLASSIFICATIONS

Provider CCN: 150069

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

Worksheet A-6  
Date/Time Prepared:  
5/15/2014 6:20 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>A - CAFETERIA</b>						
1.00	DIETARY	10.00	332,214	234,203	0	1.00
	TOTALS		332,214	234,203		
<b>B - EQUIPMENT</b>						
1.00	PHARMACY	15.00	0	230,017	10	1.00
2.00	SLEEP LAB	69.01	0	1,219	0	2.00
3.00	LABORATORY	60.00	0	72,120	0	3.00
4.00	EMERGENCY	91.00	0	12,300	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	43,704	0	5.00
	TOTALS		0	359,360		
<b>C - INTEREST</b>						
1.00	INTEREST EXPENSE	113.00	0	4,702,261	11	1.00
	TOTALS		0	4,702,261		
<b>D - RADIOLOGY DIRECTOR</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	11,796	0	0	1.00
	TOTALS		11,796	0		
<b>E - DEPRECIATION</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	65,341	9	1.00
	TOTALS		0	65,341		
<b>F - NURSERY- L&amp;D</b>						
1.00	ADULTS & PEDIATRICS	30.00	484,570	55,024	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		484,570	55,024		
<b>G - IV SOLUTIONS</b>						
1.00	PHARMACY	15.00	0	32,406	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	16,078	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	349	0	3.00
4.00	OPERATING ROOM	50.00	0	15,976	0	4.00
5.00	RECOVERY ROOM	51.00	0	549	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	77	0	6.00
7.00	ONCOLOGY	55.00	0	46	0	7.00
8.00	RESPIRATORY THERAPY	65.00	0	28	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	561	0	9.00
10.00	EMERGENCY	91.00	0	4,515	0	10.00
11.00	AMBULANCE SERVICES	95.00	0	429	0	11.00
12.00	HOME HEALTH AGENCY	101.00	0	31	0	12.00
13.00	MOB	194.01	0	2	0	13.00
	TOTALS		0	71,047		
<b>H - GIFT SHOP</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	94,126	0	1.00
	TOTALS		0	94,126		
<b>I - SUPPLIES RECLASS</b>						
1.00	OPERATION OF PLANT	7.00	0	409	0	1.00
2.00	HOUSEKEEPING	9.00	0	13,074	0	2.00
3.00	DIETARY	10.00	0	1,061	0	3.00
4.00	PHARMACY	15.00	0	11,327	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	480,019	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	15,029	0	6.00
7.00	OPERATING ROOM	50.00	0	1,805,754	0	7.00
8.00	RECOVERY ROOM	51.00	0	37,065	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	64,649	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,240	0	10.00
11.00	ULTRA SOUND	54.01	0	5,304	0	11.00
12.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	1,657	0	12.00
13.00	ONCOLOGY	55.00	0	49,062	0	13.00
14.00	CT SCAN	57.00	0	12,205	0	14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,108	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	113,113	0	16.00
17.00	LABORATORY	60.00	0	189,502	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	43,997	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	25,392	0	19.00
20.00	SLEEP LAB	69.01	0	5,493	0	20.00
21.00	CARDIOLOGY	76.00	0	22,487	0	21.00
22.00	CARDIAC REHABILITATION	76.97	0	882	0	22.00
23.00	CLINIC	90.00	0	9,937	0	23.00
24.00	EMERGENCY	91.00	0	190,059	0	24.00
25.00	AMBULANCE SERVICES	95.00	0	27,189	0	25.00
	TOTALS		0	3,137,014		

RECLASSIFICATIONS

Provider CCN: 150069

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

Worksheet A-6

Date/Time Prepared:  
5/15/2014 6:20 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
J - RADIOLOGY AND PHYSICIAN OFFICE						
1.00	ANESTHESIOLOGY	53.00	0	30,502	10	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,943	0	2.00
3.00	ONCOLOGY	55.00	0	1,020	0	3.00
4.00	PHYSICAL THERAPY	66.00	0	11,297	0	4.00
5.00	MOB	194.01	0	10,608	0	5.00
6.00	PHYSICIAN CLINICS	194.02	0	259,288	0	6.00
7.00	PHYS PRAC BUS OFC	194.03	0	1,161	0	7.00
8.00	MOB - MAIN CAMPUS	194.04	0	316,054	0	8.00
	TOTALS		0	649,873		
K - CRNA EXPENSE						
1.00	ANESTHESIOLOGY	53.00	367,587	0	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36,456	0	2.00
	TOTALS		367,587	36,456		
L - TELEPHONE EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	210	0	1.00
2.00	PHYSICAL THERAPY	66.00	0	1,229	0	2.00
3.00	PHYSICIAN CLINICS	194.02	0	157,470	0	3.00
	TOTALS		0	158,909		
N - INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	222,548	12	1.00
	TOTALS		0	222,548		
P - ONCOLOGY						
1.00	ONCOLOGY	55.00	446,271	807,123	0	1.00
	TOTALS		446,271	807,123		
500.00	Grand Total : Decreases		1,642,438	10,593,285		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/15/2014 6:20 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	4,369,094	1,213,546	0	1,213,546	779,746	1.00
2.00	Land Improvements	788,444	30,730	0	30,730	0	2.00
3.00	Buildings and Fixtures	42,561,170	93,299,171	0	93,299,171	23,308,669	3.00
4.00	Building Improvements	57,706	0	0	0	57,706	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	46,189,695	24,333,261	0	24,333,261	14,396,877	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	93,966,109	118,876,708	0	118,876,708	38,542,998	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	93,966,109	118,876,708	0	118,876,708	38,542,998	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	4,802,894	0				1.00
2.00	Land Improvements	819,174	0				2.00
3.00	Buildings and Fixtures	112,551,672	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	56,126,079	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	174,299,819	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	174,299,819	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/15/2014 6:20 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	11,276,984	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	11,276,984	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	11,276,984		1.00		
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0		1.01		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	11,276,984		3.00		

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/15/2014 6:20 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	118,173,740	0	118,173,740	0.677991	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	56,126,079	0	56,126,079	0.322009	0	2.00
3.00	Total (sum of lines 1-2)	174,299,819	0	174,299,819	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	11,211,838	393,308	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	65,341	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,277,179	393,308	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 col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,923,263	222,548	0	0	14,750,957	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	65,341	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,923,263	222,548	0	0	14,816,298	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150069

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

Worksheet A-8

Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-57,821	NEW CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG & FIXT HHA/HO (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01		0	1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)	B	-48,098	ADMINISTRATIVE & GENERAL	5.00		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)	A	-4,994	ADMINISTRATIVE & GENERAL	5.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	A	-54,107	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)	A	-22,716	OPERATION OF PLANT	7.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,401,352				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-36,250	RADIOLOGY-DIAGNOSTIC	54.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-284,316	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	B	20,069	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG & FIXT HHA/HO			NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01		0	26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist	A	-404,043	NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00			30.99

Provider CCN: 150069

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

Worksheet A-8  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PATIENT PHONES - SALARY	A	-2,661	ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00			0		0.00	0	34.00
35.00	PHARMACY - SELF INSURANCE	B	-30,354	PHARMACY	15.00	0	35.00
36.00	DONATIONS EXPENSE	A	-43,909	ADMINISTRATIVE & GENERAL	5.00	0	36.00
37.00	ADVERTISING	A	-119,880	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00	HOSPITAL ASSOCIATION DUES	A	-7,863	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	SELF INSURANCE	A	-5,612,881	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.00
40.00	PHYSICIAN RECRUITING	A	-389,299	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00	UNNECESSARY BORROWING	A	-1,721,177	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	41.00
42.00	CARRYFORWARD ADJ 1989 PARKING GARAGE	A	-396	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	42.00
43.00	CARRYFORWARD ADJ 1994 AHA LIVES	A	591	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	43.00
44.00			0		0.00	0	44.00
45.00	BAXTER PUMP REVENUE	B	-115,130	NURSING ADMINISTRATION	13.00	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,336,587				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150069

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

Worksheet A-8-2

Date/Time Prepared:  
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	Wkst. A Line #	Cost Center/Physician Identifier	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	50.00	OPERATING ROOM	431,901	431,901	0	182,900	0	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	183,431	183,431	0	217,600	0	2.00
3.00	55.00	ONCOLOGY	139,284	139,284	0	217,600	0	3.00
4.00	60.00	LABORATORY	150,000	0	150,000	208,000	857	4.00
5.00	91.00	EMERGENCY	73,005	73,005	0	159,800	0	5.00
6.00	91.00	EMERGENCY	66,765	66,765	0	159,800	0	6.00
7.00	53.00	ANESTHESIOLOGY	1,130,879	1,130,879	0	167,500	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,311,787	1,311,787	0	217,600	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,487,052	3,337,052	150,000		857	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	50.00	OPERATING ROOM	0	0	0	0	0	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	2.00
3.00	55.00	ONCOLOGY	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	85,700	4,285	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			85,700	4,285	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	50.00	OPERATING ROOM	0	0	0	431,901	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	183,431	2.00
3.00	55.00	ONCOLOGY	0	0	0	139,284	3.00
4.00	60.00	LABORATORY	0	85,700	64,300	64,300	4.00
5.00	91.00	EMERGENCY	0	0	0	73,005	5.00
6.00	91.00	EMERGENCY	0	0	0	66,765	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	1,130,879	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,311,787	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	85,700	64,300	3,401,352	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	14,750,957	14,750,957			1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	65,341	0	65,341		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,427,798	0	0	8,427,798	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,077,298	1,789,649	0	1,054,992	5.00
7.00 00700	OPERATION OF PLANT	2,780,845	2,033,794	0	123,838	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	389,537	75,689	0	12,940	8.00
9.00 00900	HOUSEKEEPING	1,217,528	132,674	0	151,582	9.00
10.00 01000	DIETARY	578,999	249,900	0	54,227	10.00
11.00 01100	CAFETERIA	282,101	101,064	0	52,952	11.00
13.00 01300	NURSING ADMINISTRATION	236,928	88,714	0	55,128	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	380,828	122,945	0	16,122	14.00
15.00 01500	PHARMACY	5,284,753	91,375	0	143,040	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,023,846	78,786	0	105,528	16.00
17.00 01700	SOCIAL SERVICE	214,966	58,693	0	33,902	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	RADIOLOGY SCHOOL	140,355	26,249	0	20,937	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	4,769,006	1,580,611	0	754,499	30.00
31.00 03100	INTENSIVE CARE UNIT	968,954	66,476	0	153,566	31.00
43.00 04300	NURSERY	383,133	77,635	0	54,840	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	2,030,690	698,196	0	288,133	50.00
51.00 05100	RECOVERY ROOM	234,580	54,602	0	37,119	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	156,461	0	0	22,395	52.00
53.00 05300	ANESTHESIOLOGY	33,718	5,162	0	180,251	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,429,418	430,505	0	485,872	54.00
54.01 03630	ULTRA SOUND	210,810	0	0	24,850	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	278,549	19,180	0	14,676	54.02
55.00 03480	ONCOLOGY	303,335	35,462	0	27,964	55.00
57.00 05700	CT SCAN	543,323	35,541	0	51,690	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	252,979	42,888	0	29,865	58.00
59.00 05900	CARDIAC CATHETERIZATION	342,023	33,913	0	44,643	59.00
60.00 06000	LABORATORY	4,110,684	247,756	0	277,002	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	342,711	11,079	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	701,637	47,534	0	101,307	65.00
66.00 06600	PHYSICAL THERAPY	1,626,974	577,515	0	252,108	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 03020	SLEEP LAB	191,677	33,317	0	18,100	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,788,132	0	0	0	71.00
71.01 07101	IV SOLUTIONS	71,047	0	0	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,759,763	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03140	CARDIOLOGY	540,614	240,132	0	70,023	76.00
76.97 07697	CARDIAC REHABILITATION	66,757	27,917	0	10,007	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	131,047	30,180	0	20,604	90.00
91.00 09100	EMERGENCY	1,669,610	551,147	0	262,392	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	1,552,345	187,912	0	211,717	95.00
101.00 10100	HOME HEALTH AGENCY	1,195,384	0	51,420	168,962	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	185,169	0	13,921	18,732	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	85,722,610	9,884,192	65,341	5,406,505	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	94,126	53,888	0	0	190.00
194.00 07950	OTHER NON-REIMBURSABLE	0	0	0	0	194.00
194.01 07951	MOB	4,483,500	1,587,521	0	630,962	194.01
194.02 07952	PHYSICIAN CLINICS	6,919,020	1,382,256	0	935,340	194.02
194.03 07953	PHYS PRAC BUS OFC	924,893	39,274	0	142,841	194.03
194.04 07954	MOB - MAIN CAMPUS	9,813,322	1,712,650	0	1,241,019	194.04
194.05 07955	ONCOLOGY - NONREIMBURSABLE	1,253,394	91,176	0	71,131	194.05
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	109,210,865	14,750,957	65,341	8,427,798	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	22,921,939	22,921,939				5.00
7.00	00700	4,938,477	1,311,867	6,250,344			7.00
8.00	00800	478,166	127,021	42,865	648,052		8.00
9.00	00900	1,501,784	398,937	75,137	36,620	2,012,478	9.00
10.00	01000	883,126	234,595	141,525	9,045	0	10.00
11.00	01100	436,117	115,851	57,235	0	0	11.00
13.00	01300	380,770	101,149	50,241	0	0	13.00
14.00	01400	519,895	138,106	69,627	0	16,846	14.00
15.00	01500	5,519,168	1,466,123	51,748	0	16,301	15.00
16.00	01600	1,208,160	320,938	44,619	0	3,401	16.00
17.00	01700	307,561	81,701	33,239	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	187,541	49,819	14,865	0	4,974	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	7,104,116	1,887,152	895,142	233,061	662,270	30.00
31.00	03100	1,188,996	315,847	37,647	0	39,083	31.00
43.00	04300	515,608	136,967	43,967	0	6,835	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,017,019	801,447	395,407	127,324	86,638	50.00
51.00	05100	326,301	86,679	30,923	0	0	51.00
52.00	05200	178,856	47,512	0	0	19,542	52.00
53.00	05300	219,131	58,210	2,924	0	0	53.00
54.00	05400	3,345,795	888,784	243,807	28,531	66,744	54.00
54.01	03630	235,660	62,601	0	3,676	7,156	54.01
54.02	03450	312,405	82,988	10,862	1,730	1,925	54.02
55.00	03480	366,761	97,427	20,083	2,393	5,551	55.00
57.00	05700	630,554	167,502	20,128	12,002	5,968	57.00
58.00	05800	325,732	86,528	24,288	3,457	3,754	58.00
59.00	05900	420,579	111,723	19,206	0	13,413	59.00
60.00	06000	4,635,442	1,231,368	140,311	0	44,763	60.00
62.00	06200	353,790	93,981	6,275	0	0	62.00
65.00	06500	850,478	225,923	26,920	0	0	65.00
66.00	06600	2,456,597	652,575	327,062	33,937	63,599	66.00
69.00	06900	0	0	0	0	0	69.00
69.01	03020	243,094	64,576	18,869	5,116	9,947	69.01
71.00	07100	2,788,132	740,645	0	0	0	71.00
71.01	07101	71,047	18,873	0	0	0	71.01
72.00	07200	1,759,763	467,467	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03140	850,769	226,000	135,993	15,659	18,868	76.00
76.97	07697	104,681	27,808	15,810	0	14,953	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	181,831	48,302	17,092	265	11,391	90.00
91.00	09100	2,483,149	659,629	312,129	92,077	144,686	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	1,951,974	518,526	106,419	18,591	0	95.00
101.00	10100	1,415,766	376,087	61,801	0	18,964	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	217,822	57,863	0	0	0	116.00
118.00		77,834,552	14,587,097	3,494,166	623,484	1,287,572	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	148,014	39,319	30,518	0	9,659	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	6,701,983	1,780,328	899,056	5,243	179,662	194.01
194.02	07952	9,236,616	2,453,633	782,808	3,325	339,943	194.02
194.03	07953	1,107,008	294,068	22,242	0	0	194.03
194.04	07954	12,766,991	3,391,424	969,919	9,847	181,363	194.04
194.05	07955	1,415,701	376,070	51,635	6,153	14,279	194.05
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		109,210,865	22,921,939	6,250,344	648,052	2,012,478	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B  
Part I  
Date/Time Prepared:  
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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						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,268,291					10.00
11.00	01100	0	609,203				11.00
13.00	01300	0	5,929	538,089			13.00
14.00	01400	0	7,758	0	752,232		14.00
15.00	01500	0	16,454	0	1,213	7,071,007	15.00
16.00	01600	0	24,121	0	0	0	16.00
17.00	01700	0	4,570	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	3,000	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,185,528	135,250	273,802	29,658	0	30.00
31.00	03100	82,763	20,408	41,315	392	0	31.00
43.00	04300	0	7,246	14,669	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	47,568	96,299	30,841	0	50.00
51.00	05100	0	4,954	10,029	513	0	51.00
52.00	05200	0	3,081	6,237	0	0	52.00
53.00	05300	0	9,906	0	1,700	0	53.00
54.00	05400	0	52,667	0	971	0	54.00
54.01	03630	0	3,584	0	453	0	54.01
54.02	03450	0	2,132	0	393	0	54.02
55.00	03480	0	4,484	0	249	0	55.00
57.00	05700	0	8,339	0	323	0	57.00
58.00	05800	0	4,066	0	0	0	58.00
59.00	05900	0	5,968	0	366	0	59.00
60.00	06000	0	57,371	0	4,141	0	60.00
62.00	06200	0	0	0	0	0	62.00
65.00	06500	0	15,260	0	205	0	65.00
66.00	06600	0	37,218	0	437	0	66.00
69.00	06900	0	0	0	0	0	69.00
69.01	03020	0	2,097	0	0	0	69.01
71.00	07100	0	0	0	661,349	0	71.00
71.01	07101	0	0	0	0	0	71.01
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	7,071,007	73.00
76.00	03140	0	12,653	0	565	0	76.00
76.97	07697	0	1,921	0	3	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	1,419	0	10	0	90.00
91.00	09100	0	47,291	95,738	6,223	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	50,756	0	415	0	95.00
101.00	10100	0	0	0	622	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00	11800	1,268,291	597,471	538,089	741,042	7,071,007	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	105	0	194.00
194.01	07951	0	0	0	2,394	0	194.01
194.02	07952	0	201	0	3,683	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	4,367	0	194.04
194.05	07955	0	11,531	0	641	0	194.05
200.00	20000	0	0	0	0	0	200.00
201.00	20100	0	0	0	0	0	201.00
202.00	20200	1,268,291	609,203	538,089	752,232	7,071,007	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	
		16.00	17.00	19.00	23.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,601,239				16.00
17.00	01700	SOCIAL SERVICE	0	427,071			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
23.00	02300	RADIOLOGY SCHOOL	0	0	260,199		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	92,885	182,378	0	12,681,242	30.00
31.00	03100	INTENSIVE CARE UNIT	17,146	21,763	0	1,765,360	31.00
43.00	04300	NURSERY	7,952	15,305	0	748,549	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	160,327	0	0	4,762,870	50.00
51.00	05100	RECOVERY ROOM	29,161	0	0	488,560	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,813	0	0	265,041	52.00
53.00	05300	ANESTHESIOLOGY	30,048	0	0	321,919	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,513	0	260,199	4,938,011	54.00
54.01	03630	ULTRA SOUND	13,830	0	0	326,960	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	37,589	0	0	450,024	54.02
55.00	03480	ONCOLOGY	7,720	0	0	504,668	55.00
57.00	05700	CT SCAN	117,868	0	0	962,684	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	49,284	0	0	497,109	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,523	0	0	589,778	59.00
60.00	06000	LABORATORY	247,577	0	0	6,360,973	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,441	0	0	464,487	62.00
65.00	06500	RESPIRATORY THERAPY	32,231	0	0	1,151,017	65.00
66.00	06600	PHYSICAL THERAPY	69,353	0	0	3,640,778	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03020	SLEEP LAB	8,492	0	0	352,191	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	75,858	0	0	4,265,984	71.00
71.01	07101	IV SOLUTIONS	12,427	0	0	102,347	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,994	0	0	2,242,224	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	271,179	0	0	7,342,186	73.00
76.00	03140	CARDIOLOGY	61,888	0	0	1,322,395	76.00
76.97	07697	CARDIAC REHABILITATION	2,179	0	0	167,355	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	1,105	0	0	261,415	90.00
91.00	09100	EMERGENCY	125,325	0	0	3,966,247	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	25,531	0	0	2,672,212	95.00
101.00	10100	HOME HEALTH AGENCY	0	176,235	0	2,049,475	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	31,390	0	307,075	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,601,239	427,071	0	260,199	65,971,136
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	227,510	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	105	194.00
194.01	07951	MOB	0	0	0	9,568,666	194.01
194.02	07952	PHYSICIAN CLINICS	0	0	0	12,820,209	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	1,423,318	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0	0	17,323,911	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0	0	1,876,010	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,601,239	427,071	0	260,199	109,210,865

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B  
Part I  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300	RADIOLOGY SCHOOL		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	12,681,242
31.00	03100	INTENSIVE CARE UNIT	0	1,765,360
43.00	04300	NURSERY	0	748,549
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	4,762,870
51.00	05100	RECOVERY ROOM	0	488,560
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	265,041
53.00	05300	ANESTHESIOLOGY	0	321,919
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,938,011
54.01	03630	ULTRA SOUND	0	326,960
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	450,024
55.00	03480	ONCOLOGY	0	504,668
57.00	05700	CT SCAN	0	962,684
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	497,109
59.00	05900	CARDIAC CATHETERIZATION	0	589,778
60.00	06000	LABORATORY	0	6,360,973
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	464,487
65.00	06500	RESPIRATORY THERAPY	0	1,151,017
66.00	06600	PHYSICAL THERAPY	0	3,640,778
69.00	06900	ELECTROCARDIOLOGY	0	0
69.01	03020	SLEEP LAB	0	352,191
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,265,984
71.01	07101	IV SOLUTIONS	0	102,347
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,242,224
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,342,186
76.00	03140	CARDIOLOGY	0	1,322,395
76.97	07697	CARDIAC REHABILITATION	0	167,355
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	261,415
91.00	09100	EMERGENCY	0	3,966,247
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	0	2,672,212
101.00	10100	HOME HEALTH AGENCY	0	2,049,475
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		
116.00	11600	HOSPICE	0	307,075
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	65,971,136
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	227,510
194.00	07950	OTHER NON-REIMBURSABLE	0	105
194.01	07951	MOB	0	9,568,666
194.02	07952	PHYSICIAN CLINICS	0	12,820,209
194.03	07953	PHYS PRAC BUS OFC	0	1,423,318
194.04	07954	MOB - MAIN CAMPUS	0	17,323,911
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	1,876,010
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	109,210,865

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP	
		1.00	1.01	2.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO				1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,789,649	0	5.00
7.00 00700	OPERATION OF PLANT	0	2,033,794	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	75,689	0	8.00
9.00 00900	HOUSEKEEPING	0	132,674	0	9.00
10.00 01000	DIETARY	0	249,900	0	10.00
11.00 01100	CAFETERIA	0	101,064	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	88,714	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	122,945	0	14.00
15.00 01500	PHARMACY	0	91,375	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	78,786	0	16.00
17.00 01700	SOCIAL SERVICE	0	58,693	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
23.00 02300	RADIOLOGY SCHOOL	0	26,249	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	1,580,611	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	66,476	0	31.00
43.00 04300	NURSERY	0	77,635	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	698,196	0	50.00
51.00 05100	RECOVERY ROOM	0	54,602	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	5,162	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	430,505	0	54.00
54.01 03630	ULTRA SOUND	0	0	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	19,180	0	54.02
55.00 03480	ONCOLOGY	0	35,462	0	55.00
57.00 05700	CT SCAN	0	35,541	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	42,888	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	33,913	0	59.00
60.00 06000	LABORATORY	0	247,756	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	11,079	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	47,534	0	65.00
66.00 06600	PHYSICAL THERAPY	0	577,515	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03020	SLEEP LAB	0	33,317	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
71.01 07101	IV SOLUTIONS	0	0	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03140	CARDIOLOGY	0	240,132	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	27,917	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	30,180	0	90.00
91.00 09100	EMERGENCY	0	551,147	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500	AMBULANCE SERVICES	0	187,912	0	95.00
101.00 10100	HOME HEALTH AGENCY	0	0	51,420	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				113.00
116.00 11600	HOSPICE	0	0	13,921	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	9,884,192	65,341	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	53,888	0	190.00
194.00 07950	OTHER NON-REIMBURSABLE	0	0	0	194.00
194.01 07951	MOB	0	1,587,521	0	194.01
194.02 07952	PHYSICIAN CLINICS	0	1,382,256	0	194.02
194.03 07953	PHYS PRAC BUS OFC	0	39,274	0	194.03
194.04 07954	MOB - MAIN CAMPUS	0	1,712,650	0	194.04
194.05 07955	ONCOLOGY - NONREIMBURSABLE	0	91,176	0	194.05
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	TOTAL (sum lines 118-201)	0	14,750,957	65,341	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,789,649			5.00
7.00	00700	OPERATION OF PLANT	0	102,424	2,136,218		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,917	14,650	100,256	8.00
9.00	00900	HOUSEKEEPING	0	31,147	25,680	5,665	195,166
10.00	01000	DIETARY	0	18,316	48,370	1,399	0
11.00	01100	CAFETERIA	0	9,045	19,562	0	0
13.00	01300	NURSING ADMINISTRATION	0	7,897	17,171	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,783	23,797	0	1,634
15.00	01500	PHARMACY	0	114,468	17,686	0	1,581
16.00	01600	MEDICAL RECORDS & LIBRARY	0	25,057	15,250	0	330
17.00	01700	SOCIAL SERVICE	0	6,379	11,360	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	RADIOLOGY SCHOOL	0	3,890	5,081	0	482
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	147,339	305,938	36,057	64,224
31.00	03100	INTENSIVE CARE UNIT	0	24,660	12,867	0	3,790
43.00	04300	NURSERY	0	10,694	15,027	0	663
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	62,573	135,141	19,697	8,402
51.00	05100	RECOVERY ROOM	0	6,767	10,569	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,709	0	0	1,895
53.00	05300	ANESTHESIOLOGY	0	4,545	999	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,392	83,327	4,414	6,473
54.01	03630	ULTRA SOUND	0	4,888	0	569	694
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	6,479	3,712	268	187
55.00	03480	ONCOLOGY	0	7,607	6,864	370	538
57.00	05700	CT SCAN	0	13,078	6,879	1,857	579
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,756	8,301	535	364
59.00	05900	CARDIAC CATHETERIZATION	0	8,723	6,564	0	1,301
60.00	06000	LABORATORY	0	96,139	47,955	0	4,341
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,338	2,144	0	0
65.00	06500	RESPIRATORY THERAPY	0	17,639	9,201	0	0
66.00	06600	PHYSICAL THERAPY	0	50,950	111,782	5,250	6,168
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03020	SLEEP LAB	0	5,042	6,449	791	965
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,826	0	0	0
71.01	07101	IV SOLUTIONS	0	1,474	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,497	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03140	CARDIOLOGY	0	17,645	46,479	2,422	1,830
76.97	07697	CARDIAC REHABILITATION	0	2,171	5,403	0	1,450
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	3,771	5,842	41	1,105
91.00	09100	EMERGENCY	0	51,501	106,678	14,245	14,031
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	40,484	36,372	2,876	0
101.00	10100	HOME HEALTH AGENCY	0	29,363	21,122	0	1,839
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	4,518	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,138,891	1,194,222	96,456	124,866
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	3,070	10,430	0	937
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0
194.01	07951	MOB	0	138,999	307,276	811	17,423
194.02	07952	PHYSICIAN CLINICS	0	191,567	267,545	514	32,967
194.03	07953	PHYS PRAC BUS OFC	0	22,959	7,602	0	0
194.04	07954	MOB - MAIN CAMPUS	0	264,801	331,495	1,523	17,588
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	29,362	17,648	952	1,385
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	1,789,649	2,136,218	100,256	195,166

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150069		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/15/2014 6:20 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						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	317,985					10.00
11.00	01100	0	129,671				11.00
13.00	01300	0	1,262	115,044			13.00
14.00	01400	0	1,651	0	160,810		14.00
15.00	01500	0	3,502	0	259	228,871	15.00
16.00	01600	0	5,134	0	0	0	16.00
17.00	01700	0	973	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	639	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	297,235	28,790	58,540	6,340	0	30.00
31.00	03100	20,750	4,344	8,833	84	0	31.00
43.00	04300	0	1,542	3,136	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	10,125	20,589	6,593	0	50.00
51.00	05100	0	1,055	2,144	110	0	51.00
52.00	05200	0	656	1,333	0	0	52.00
53.00	05300	0	2,108	0	363	0	53.00
54.00	05400	0	11,210	0	208	0	54.00
54.01	03630	0	763	0	97	0	54.01
54.02	03450	0	454	0	84	0	54.02
55.00	03480	0	954	0	53	0	55.00
57.00	05700	0	1,775	0	69	0	57.00
58.00	05800	0	865	0	0	0	58.00
59.00	05900	0	1,270	0	78	0	59.00
60.00	06000	0	12,212	0	885	0	60.00
62.00	06200	0	0	0	0	0	62.00
65.00	06500	0	3,248	0	44	0	65.00
66.00	06600	0	7,922	0	93	0	66.00
69.00	06900	0	0	0	0	0	69.00
69.01	03020	0	446	0	0	0	69.01
71.00	07100	0	0	0	141,381	0	71.00
71.01	07101	0	0	0	0	0	71.01
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	228,871	73.00
76.00	03140	0	2,693	0	121	0	76.00
76.97	07697	0	409	0	1	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	302	0	2	0	90.00
91.00	09100	0	10,066	20,469	1,330	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	10,804	0	89	0	95.00
101.00	10100	0	0	0	133	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		317,985	127,174	115,044	158,417	228,871	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	23	0	194.00
194.01	07951	0	0	0	512	0	194.01
194.02	07952	0	43	0	787	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	934	0	194.04
194.05	07955	0	2,454	0	137	0	194.05
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		317,985	129,671	115,044	160,810	228,871	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	Subtotal	
		16.00	17.00	19.00	23.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	124,557				16.00
17.00	01700	SOCIAL SERVICE	0	77,405			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
23.00	02300	RADIOLOGY SCHOOL	0	0	36,341		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	7,232	33,056		2,565,362	30.00
31.00	03100	INTENSIVE CARE UNIT	1,335	3,944		147,083	31.00
43.00	04300	NURSERY	619	2,774		112,090	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	12,482	0		973,798	50.00
51.00	05100	RECOVERY ROOM	2,270	0		77,517	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	764	0		8,357	52.00
53.00	05300	ANESTHESIOLOGY	2,339	0		15,516	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,933	0		609,462	54.00
54.01	03630	ULTRA SOUND	1,077	0		8,088	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,926	0		33,290	54.02
55.00	03480	ONCOLOGY	601	0		52,449	55.00
57.00	05700	CT SCAN	9,177	0		68,955	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,837	0		63,546	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,442	0		53,291	59.00
60.00	06000	LABORATORY	19,275	0		428,563	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	813	0		21,374	62.00
65.00	06500	RESPIRATORY THERAPY	2,509	0		80,175	65.00
66.00	06600	PHYSICAL THERAPY	5,399	0		765,079	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		0	69.00
69.01	03020	SLEEP LAB	661	0		47,671	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,906	0		205,113	71.00
71.01	07101	IV SOLUTIONS	968	0		2,442	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,167	0		37,664	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,006	0		249,877	73.00
76.00	03140	CARDIOLOGY	4,818	0		316,140	76.00
76.97	07697	CARDIAC REHABILITATION	170	0		37,521	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	86	0		41,329	90.00
91.00	09100	EMERGENCY	9,757	0		779,224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	1,988	0		280,525	95.00
101.00	10100	HOME HEALTH AGENCY	0	31,942		135,819	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	5,689		24,128	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	124,557	77,405	0	8,241,448	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0		68,325	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0		23	194.00
194.01	07951	MOB	0	0		2,052,542	194.01
194.02	07952	PHYSICIAN CLINICS	0	0		1,875,679	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0		69,835	194.03
194.04	07954	MOB - MAIN CAMPUS	0	0		2,328,991	194.04
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	0		143,114	194.05
200.00		Cross Foot Adjustments			0	36,341	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	124,557	77,405	0	14,816,298	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300	RADIOLOGY SCHOOL		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	2,565,362
31.00	03100	INTENSIVE CARE UNIT	0	147,083
43.00	04300	NURSERY	0	112,090
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	973,798
51.00	05100	RECOVERY ROOM	0	77,517
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,357
53.00	05300	ANESTHESIOLOGY	0	15,516
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	609,462
54.01	03630	ULTRA SOUND	0	8,088
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	33,290
55.00	03480	ONCOLOGY	0	52,449
57.00	05700	CT SCAN	0	68,955
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	63,546
59.00	05900	CARDIAC CATHETERIZATION	0	53,291
60.00	06000	LABORATORY	0	428,563
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	21,374
65.00	06500	RESPIRATORY THERAPY	0	80,175
66.00	06600	PHYSICAL THERAPY	0	765,079
69.00	06900	ELECTROCARDIOLOGY	0	0
69.01	03020	SLEEP LAB	0	47,671
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	205,113
71.01	07101	IV SOLUTIONS	0	2,442
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,664
73.00	07300	DRUGS CHARGED TO PATIENTS	0	249,877
76.00	03140	CARDIOLOGY	0	316,140
76.97	07697	CARDIAC REHABILITATION	0	37,521
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	41,329
91.00	09100	EMERGENCY	0	779,224
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	0	280,525
101.00	10100	HOME HEALTH AGENCY	0	135,819
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0	24,128
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	8,241,448
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	68,325
194.00	07950	OTHER NON-REIMBURSABLE	0	23
194.01	07951	MOB	0	2,052,542
194.02	07952	PHYSICIAN CLINICS	0	1,875,679
194.03	07953	PHYS PRAC BUS OFC	0	69,835
194.04	07954	MOB - MAIN CAMPUS	0	2,328,991
194.05	07955	ONCOLOGY - NONREIMBURSABLE	0	143,114
200.00		Cross Foot Adjustments	0	36,341
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	14,816,298

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	371,459				1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	3,492			1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	52,875,443	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	45,067	0	0	6,618,932	-22,921,939
7.00 00700	OPERATION OF PLANT	51,215	0	0	776,952	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,906	0	0	81,183	0
9.00 00900	HOUSEKEEPING	3,341	0	0	951,011	0
10.00 01000	DIETARY	6,293	0	0	340,216	0
11.00 01100	CAFETERIA	2,545	0	0	332,214	0
13.00 01300	NURSING ADMINISTRATION	2,234	0	0	345,871	0
14.00 01400	CENTRAL SERVICES & SUPPLY	3,096	0	0	101,151	0
15.00 01500	PHARMACY	2,301	0	0	897,419	0
16.00 01600	MEDICAL RECORDS & LIBRARY	1,984	0	0	662,076	0
17.00 01700	SOCIAL SERVICE	1,478	0	0	212,700	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	RADIOLOGY SCHOOL	661	0	0	131,359	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	39,803	0	0	4,733,665	0
31.00 03100	INTENSIVE CARE UNIT	1,674	0	0	963,458	0
43.00 04300	NURSERY	1,955	0	0	344,064	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	17,582	0	0	1,807,724	0
51.00 05100	RECOVERY ROOM	1,375	0	0	232,883	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	140,506	0
53.00 05300	ANESTHESIOLOGY	130	0	0	1,130,879	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,841	0	0	3,048,323	0
54.01 03630	ULTRA SOUND	0	0	0	155,904	0
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	483	0	0	92,076	0
55.00 03480	ONCOLOGY	893	0	0	175,443	0
57.00 05700	CT SCAN	895	0	0	324,299	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,080	0	0	187,373	0
59.00 05900	CARDIAC CATHETERIZATION	854	0	0	280,089	0
60.00 06000	LABORATORY	6,239	0	0	1,737,886	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	279	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,197	0	0	635,592	0
66.00 06600	PHYSICAL THERAPY	14,543	0	0	1,581,706	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01 03020	SLEEP LAB	839	0	0	113,555	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
71.01 07101	IV SOLUTIONS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03140	CARDIOLOGY	6,047	0	0	439,320	0
76.97 07697	CARDIAC REHABILITATION	703	0	0	62,783	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	760	0	0	129,267	0
91.00 09100	EMERGENCY	13,879	0	0	1,646,229	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	4,732	0	0	1,328,298	0
101.00 10100	HOME HEALTH AGENCY	0	2,748	0	1,060,054	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	744	0	117,522	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	248,904	3,492	0	33,919,982	-22,921,939
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,357	0	0	0	0
194.00 07950	OTHER NON-REIMBURSABLE	0	0	0	0	0
194.01 07951	MOB	39,977	0	0	3,958,602	0
194.02 07952	PHYSICIAN CLINICS	34,808	0	0	5,868,245	0
194.03 07953	PHYS PRAC BUS OFC	989	0	0	896,175	0
194.04 07954	MOB - MAIN CAMPUS	43,128	0	0	7,786,168	0
194.05 07955	ONCOLOGY - NONREIMBURSABLE	2,296	0	0	446,271	0
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)	14,750,957	65,341	0	8,427,798	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
		1.00	1.01	2.00			
203.00	Unit cost multiplier (Wkst. B, Part I)	39.710862	18.711627	0.000000	0.159390	5A	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	86,288,926				5.00
7.00	00700	OPERATION OF PLANT	4,938,477	277,925			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	478,166	1,906	337,957		8.00
9.00	00900	HOUSEKEEPING	1,501,784	3,341	19,097	62,717	9.00
10.00	01000	DIETARY	883,126	6,293	4,717	0	54,248
11.00	01100	CAFETERIA	436,117	2,545	0	0	0
13.00	01300	NURSING ADMINISTRATION	380,770	2,234	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	519,895	3,096	0	525	0
15.00	01500	PHARMACY	5,519,168	2,301	0	508	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,208,160	1,984	0	106	0
17.00	01700	SOCIAL SERVICE	307,561	1,478	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	RADIOLOGY SCHOOL	187,541	661	0	155	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	7,104,116	39,803	121,541	20,639	50,708
31.00	03100	INTENSIVE CARE UNIT	1,188,996	1,674	0	1,218	3,540
43.00	04300	NURSERY	515,608	1,955	0	213	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,017,019	17,582	66,399	2,700	0
51.00	05100	RECOVERY ROOM	326,301	1,375	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	178,856	0	0	609	0
53.00	05300	ANESTHESIOLOGY	219,131	130	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,345,795	10,841	14,879	2,080	0
54.01	03630	ULTRA SOUND	235,660	0	1,917	223	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	312,405	483	902	60	0
55.00	03480	ONCOLOGY	366,761	893	1,248	173	0
57.00	05700	CT SCAN	630,554	895	6,259	186	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	325,732	1,080	1,803	117	0
59.00	05900	CARDIAC CATHETERIZATION	420,579	854	0	418	0
60.00	06000	LABORATORY	4,635,442	6,239	0	1,395	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	353,790	279	0	0	0
65.00	06500	RESPIRATORY THERAPY	850,478	1,197	0	0	0
66.00	06600	PHYSICAL THERAPY	2,456,597	14,543	17,698	1,982	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03020	SLEEP LAB	243,094	839	2,668	310	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,788,132	0	0	0	0
71.01	07101	IV SOLUTIONS	71,047	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,759,763	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03140	CARDIOLOGY	850,769	6,047	8,166	588	0
76.97	07697	CARDIAC REHABILITATION	104,681	703	0	466	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	181,831	760	138	355	0
91.00	09100	EMERGENCY	2,483,149	13,879	48,018	4,509	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	1,951,974	4,732	9,695	0	0
101.00	10100	HOME HEALTH AGENCY	1,415,766	2,748	0	591	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	217,822	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	54,912,613	155,370	325,145	40,126	54,248
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	148,014	1,357	0	301	0
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0
194.01	07951	MOB	6,701,983	39,977	2,734	5,599	0
194.02	07952	PHYSICIAN CLINICS	9,236,616	34,808	1,734	10,594	0
194.03	07953	PHYS PRAC BUS OFC	1,107,008	989	0	0	0
194.04	07954	MOB - MAIN CAMPUS	12,766,991	43,128	5,135	5,652	0
194.05	07955	ONCOLOGY - NONREIMBURSABLE	1,415,701	2,296	3,209	445	0
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)	22,921,939	6,250,344	648,052	2,012,478	1,268,291
203.00		Unit cost multiplier (Wkst. B, Part I)	0.265642	22.489319	1.917558	32.088238	23.379498
204.00		Cost to be allocated (per Wkst. B, Part II)	1,789,649	2,136,218	100,256	195,166	317,985

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.020740	7.686311	0.296653	3.111852	5.861691	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION  (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	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
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	902,699					11.00
13.00	01300	8,785	393,850				13.00
14.00	01400	11,495	0	3,171,276			14.00
15.00	01500	24,381	0	5,113	1,000		15.00
16.00	01600	35,742	0	0	0	213,095,609	16.00
17.00	01700	6,772	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	4,445	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	200,407	200,407	125,034	0	12,361,570	30.00
31.00	03100	30,240	30,240	1,653	0	2,281,868	31.00
43.00	04300	10,737	10,737	0	0	1,058,240	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	70,485	70,485	130,018	0	21,337,164	50.00
51.00	05100	7,341	7,341	2,162	0	3,880,955	51.00
52.00	05200	4,565	4,565	0	0	1,305,967	52.00
53.00	05300	14,678	0	7,165	0	3,998,996	53.00
54.00	05400	78,041	0	4,095	0	6,722,547	54.00
54.01	03630	5,311	0	1,910	0	1,840,502	54.01
54.02	03450	3,159	0	1,657	0	5,002,551	54.02
55.00	03480	6,644	0	1,051	0	1,027,465	55.00
57.00	05700	12,357	0	1,360	0	15,686,432	57.00
58.00	05800	6,025	0	0	0	6,558,969	58.00
59.00	05900	8,843	0	1,543	0	2,465,155	59.00
60.00	06000	85,011	0	17,456	0	32,948,766	60.00
62.00	06200	0	0	0	0	1,389,576	62.00
65.00	06500	22,612	0	865	0	4,289,423	65.00
66.00	06600	55,149	0	1,842	0	9,229,817	66.00
69.00	06900	0	0	0	0	0	69.00
69.01	03020	3,107	0	0	0	1,130,166	69.01
71.00	07100	0	0	2,788,132	0	10,095,565	71.00
71.01	07101	0	0	0	0	1,653,896	71.01
72.00	07200	0	0	0	0	1,995,457	72.00
73.00	07300	0	0	0	1,000	36,084,608	73.00
76.00	03140	18,749	0	2,382	0	8,236,352	76.00
76.97	07697	2,847	0	14	0	290,004	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	2,103	0	43	0	147,026	90.00
91.00	09100	70,075	70,075	26,234	0	16,678,846	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	75,209	0	1,748	0	3,397,726	95.00
101.00	10100	0	0	2,623	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		885,315	393,850	3,124,100	1,000	213,095,609	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	444	0	0	194.00
194.01	07951	0	0	10,093	0	0	194.01
194.02	07952	298	0	15,525	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	18,411	0	0	194.04
194.05	07955	17,086	0	2,703	0	0	194.05
200.00							200.00
201.00							201.00
202.00		609,203	538,089	752,232	7,071,007	1,601,239	202.00
203.00		0.674868	1.366228	0.237202	7,071.007000	0.007514	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION  (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	129,671	115,044	160,810	228,871	124,557	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.143648	0.292101	0.050708	228.871000	0.000585	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		17.00	19.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700	28,435			17.00
19.00	01900	0	0		19.00
23.00	02300	0		1,000	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	12,143		0	30.00
31.00	03100	1,449		0	31.00
43.00	04300	1,019		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	0	53.00
54.00	05400	0	0	1,000	54.00
54.01	03630	0	0	0	54.01
54.02	03450	0	0	0	54.02
55.00	03480	0	0	0	55.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
62.00	06200	0	0	0	62.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
69.00	06900	0	0	0	69.00
69.01	03020	0	0	0	69.01
71.00	07100	0	0	0	71.00
71.01	07101	0	0	0	71.01
72.00	07200	0	0	0	72.00
73.00	07300	0	0	0	73.00
76.00	03140	0	0	0	76.00
76.97	07697	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	0	0	0	90.00
91.00	09100	0	0	0	91.00
92.00	09200				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	0	0	0	95.00
101.00	10100	11,734	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300				113.00
116.00	11600	2,090	0	0	116.00
118.00		28,435	0	1,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	0	0	0	190.00
194.00	07950	0	0	0	194.00
194.01	07951	0	0	0	194.01
194.02	07952	0	0	0	194.02
194.03	07953	0	0	0	194.03
194.04	07954	0	0	0	194.04
194.05	07955	0	0	0	194.05
200.00					200.00
201.00					201.00
202.00		427,071	0	260,199	202.00
203.00		15.019202	0.000000	260.199000	203.00
204.00		77,405	0	36,341	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
205.00	Unit cost multiplier (Wkst. B, Part II)	2.722173	0.000000	36.341000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/15/2014 6:20 pm

		Title XVII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	12,681,242		12,681,242	0	12,681,242	30.00
31.00	03100 INTENSIVE CARE UNIT	1,765,360		1,765,360	0	1,765,360	31.00
43.00	04300 NURSERY	748,549		748,549	0	748,549	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	4,762,870		4,762,870	0	4,762,870	50.00
51.00	05100 RECOVERY ROOM	488,560		488,560	0	488,560	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	265,041		265,041	0	265,041	52.00
53.00	05300 ANESTHESIOLOGY	321,919		321,919	0	321,919	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,938,011		4,938,011	0	4,938,011	54.00
54.01	03630 ULTRA SOUND	326,960		326,960	0	326,960	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	450,024		450,024	0	450,024	54.02
55.00	03480 ONCOLOGY	504,668		504,668	0	504,668	55.00
57.00	05700 CT SCAN	962,684		962,684	0	962,684	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	497,109		497,109	0	497,109	58.00
59.00	05900 CARDIAC CATHETERIZATION	589,778		589,778	0	589,778	59.00
60.00	06000 LABORATORY	6,360,973		6,360,973	64,300	6,425,273	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	464,487		464,487	0	464,487	62.00
65.00	06500 RESPIRATORY THERAPY	1,151,017	0	1,151,017	0	1,151,017	65.00
66.00	06600 PHYSICAL THERAPY	3,640,778	0	3,640,778	0	3,640,778	66.00
69.00	06900 ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03020 SLEEP LAB	352,191		352,191	0	352,191	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,265,984		4,265,984	0	4,265,984	71.00
71.01	07101 IV SOLUTIONS	102,347		102,347	0	102,347	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,242,224		2,242,224	0	2,242,224	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,342,186		7,342,186	0	7,342,186	73.00
76.00	03140 RADIOLOGY	1,322,395		1,322,395	0	1,322,395	76.00
76.97	07697 CARDIAC REHABILITATION	167,355		167,355	0	167,355	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	261,415		261,415	0	261,415	90.00
91.00	09100 EMERGENCY	3,966,247		3,966,247	0	3,966,247	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,185,865		2,185,865		2,185,865	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	2,672,212		2,672,212	0	2,672,212	95.00
101.00	10100 HOME HEALTH AGENCY	2,049,475		2,049,475		2,049,475	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	307,075		307,075		307,075	116.00
200.00	Subtotal (see instructions)	68,157,001	0	68,157,001	64,300	68,221,301	200.00
201.00	Less Observation Beds	2,185,865		2,185,865		2,185,865	201.00
202.00	Total (see instructions)	65,971,136	0	65,971,136	64,300	66,035,436	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/15/2014 6:20 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	12,361,570		12,361,570		30.00
31.00	03100	INTENSIVE CARE UNIT	2,281,868		2,281,868		31.00
43.00	04300	NURSERY	1,058,240		1,058,240		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,796,391	16,540,773	21,337,164	0.223219	50.00
51.00	05100	RECOVERY ROOM	1,052,813	2,828,142	3,880,955	0.125887	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,302,769	3,198	1,305,967	0.202946	52.00
53.00	05300	ANESTHESIOLOGY	1,248,807	2,750,189	3,998,996	0.080500	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,411,860	5,310,687	6,722,547	0.734545	54.00
54.01	03630	ULTRA SOUND	325,089	1,515,413	1,840,502	0.177647	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	500,009	4,502,542	5,002,551	0.089959	54.02
55.00	03480	ONCOLOGY	73,711	953,754	1,027,465	0.491178	55.00
57.00	05700	CT SCAN	3,276,858	12,409,574	15,686,432	0.061370	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	586,314	5,972,654	6,558,968	0.075791	58.00
59.00	05900	CARDIAC CATHETERIZATION	572,594	1,892,562	2,465,156	0.239246	59.00
60.00	06000	LABORATORY	6,811,855	26,136,911	32,948,766	0.193056	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	787,182	602,394	1,389,576	0.334265	62.00
65.00	06500	RESPIRATORY THERAPY	3,550,528	738,896	4,289,424	0.268338	65.00
66.00	06600	PHYSICAL THERAPY	1,169,733	8,060,084	9,229,817	0.394458	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03020	SLEEP LAB	0	1,130,166	1,130,166	0.311628	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,578,601	3,516,965	10,095,566	0.422560	71.00
71.01	07101	IV SOLUTIONS	909,725	744,170	1,653,895	0.061882	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	459,662	1,495,795	1,955,457	1.146650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,488,190	14,596,418	36,084,608	0.203471	73.00
76.00	03140	CARDIOLOGY	1,993,025	6,243,327	8,236,352	0.160556	76.00
76.97	07697	CARDIAC REHABILITATION	958	289,046	290,004	0.577078	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	222	146,804	147,026	1.778019	90.00
91.00	09100	EMERGENCY	3,536,870	13,141,977	16,678,847	0.237801	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	537,817	1,491,640	2,029,457	1.077069	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	34,012	3,363,714	3,397,726	0.786471	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,041,264	2,041,264		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	414,121	414,121		116.00
200.00		Subtotal (see instructions)	78,707,273	138,833,180	217,540,453		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	78,707,273	138,833,180	217,540,453		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/15/2014 6:20 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<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	0.223219		50.00
51.00	05100 RECOVERY ROOM	0.125887		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.202946		52.00
53.00	05300 ANESTHESIOLOGY	0.080500		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.734545		54.00
54.01	03630 ULTRA SOUND	0.177647		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.089959		54.02
55.00	03480 ONCOLOGY	0.491178		55.00
57.00	05700 CT SCAN	0.061370		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.075791		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.239246		59.00
60.00	06000 LABORATORY	0.195008		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.334265		62.00
65.00	06500 RESPIRATORY THERAPY	0.268338		65.00
66.00	06600 PHYSICAL THERAPY	0.394458		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03020 SLEEP LAB	0.311628		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.422560		71.00
71.01	07101 IV SOLUTIONS	0.061882		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1.146650		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203471		73.00
76.00	03140 RADIOLOGY	0.160556		76.00
76.97	07697 CARDIAC REHABILITATION	0.577078		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	1.778019		90.00
91.00	09100 EMERGENCY	0.237801		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.077069		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.786471		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/15/2014 6:20 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	12,681,242		12,681,242	0	12,681,242	30.00
31.00	03100 INTENSIVE CARE UNIT	1,765,360		1,765,360	0	1,765,360	31.00
43.00	04300 NURSERY	748,549		748,549	0	748,549	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	4,762,870		4,762,870	0	4,762,870	50.00
51.00	05100 RECOVERY ROOM	488,560		488,560	0	488,560	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	265,041		265,041	0	265,041	52.00
53.00	05300 ANESTHESIOLOGY	321,919		321,919	0	321,919	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,938,011		4,938,011	0	4,938,011	54.00
54.01	03630 ULTRA SOUND	326,960		326,960	0	326,960	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	450,024		450,024	0	450,024	54.02
55.00	03480 ONCOLOGY	504,668		504,668	0	504,668	55.00
57.00	05700 CT SCAN	962,684		962,684	0	962,684	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	497,109		497,109	0	497,109	58.00
59.00	05900 CARDIAC CATHETERIZATION	589,778		589,778	0	589,778	59.00
60.00	06000 LABORATORY	6,360,973		6,360,973	64,300	6,425,273	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	464,487		464,487	0	464,487	62.00
65.00	06500 RESPIRATORY THERAPY	1,151,017	0	1,151,017	0	1,151,017	65.00
66.00	06600 PHYSICAL THERAPY	3,640,778	0	3,640,778	0	3,640,778	66.00
69.00	06900 ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03020 SLEEP LAB	352,191		352,191	0	352,191	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,265,984		4,265,984	0	4,265,984	71.00
71.01	07101 IV SOLUTIONS	102,347		102,347	0	102,347	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,242,224		2,242,224	0	2,242,224	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,342,186		7,342,186	0	7,342,186	73.00
76.00	03140 RADIOLOGY	1,322,395		1,322,395	0	1,322,395	76.00
76.97	07697 CARDIAC REHABILITATION	167,355		167,355	0	167,355	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	261,415		261,415	0	261,415	90.00
91.00	09100 EMERGENCY	3,966,247		3,966,247	0	3,966,247	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,185,865		2,185,865	0	2,185,865	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	2,672,212		2,672,212	0	2,672,212	95.00
101.00	10100 HOME HEALTH AGENCY	2,049,475		2,049,475	0	2,049,475	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	307,075		307,075		307,075	116.00
200.00	Subtotal (see instructions)	68,157,001	0	68,157,001	64,300	68,221,301	200.00
201.00	Less Observation Beds	2,185,865		2,185,865		2,185,865	201.00
202.00	Total (see instructions)	65,971,136	0	65,971,136	64,300	66,035,436	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/15/2014 6:20 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	12,361,570		12,361,570		30.00
31.00	03100	INTENSIVE CARE UNIT	2,281,868		2,281,868		31.00
43.00	04300	NURSERY	1,058,240		1,058,240		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,796,391	16,540,773	21,337,164	0.223219	50.00
51.00	05100	RECOVERY ROOM	1,052,813	2,828,142	3,880,955	0.125887	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,302,769	3,198	1,305,967	0.202946	52.00
53.00	05300	ANESTHESIOLOGY	1,248,807	2,750,189	3,998,996	0.080500	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,411,860	5,310,687	6,722,547	0.734545	54.00
54.01	03630	ULTRA SOUND	325,089	1,515,413	1,840,502	0.177647	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	500,009	4,502,542	5,002,551	0.089959	54.02
55.00	03480	ONCOLOGY	73,711	953,754	1,027,465	0.491178	55.00
57.00	05700	CT SCAN	3,276,858	12,409,574	15,686,432	0.061370	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	586,314	5,972,654	6,558,968	0.075791	58.00
59.00	05900	CARDIAC CATHETERIZATION	572,594	1,892,562	2,465,156	0.239246	59.00
60.00	06000	LABORATORY	6,811,855	26,136,911	32,948,766	0.193056	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	787,182	602,394	1,389,576	0.334265	62.00
65.00	06500	RESPIRATORY THERAPY	3,550,528	738,896	4,289,424	0.268338	65.00
66.00	06600	PHYSICAL THERAPY	1,169,733	8,060,084	9,229,817	0.394458	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03020	SLEEP LAB	0	1,130,166	1,130,166	0.311628	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,578,601	3,516,965	10,095,566	0.422560	71.00
71.01	07101	IV SOLUTIONS	909,725	744,170	1,653,895	0.061882	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	459,662	1,495,795	1,955,457	1.146650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,488,190	14,596,418	36,084,608	0.203471	73.00
76.00	03140	CARDIOLOGY	1,993,025	6,243,327	8,236,352	0.160556	76.00
76.97	07697	CARDIAC REHABILITATION	958	289,046	290,004	0.577078	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	222	146,804	147,026	1.778019	90.00
91.00	09100	EMERGENCY	3,536,870	13,141,977	16,678,847	0.237801	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	537,817	1,491,640	2,029,457	1.077069	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	34,012	3,363,714	3,397,726	0.786471	95.00
101.00	10100	HOME HEALTH AGENCY	0	2,041,264	2,041,264		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	414,121	414,121		116.00
200.00		Subtotal (see instructions)	78,707,273	138,833,180	217,540,453		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	78,707,273	138,833,180	217,540,453		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<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	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			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	0.000000			54.00
54.01	03630 ULTRA SOUND	0.000000			54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			54.02
55.00	03480 ONCOLOGY	0.000000			55.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
69.01	03020 SLEEP LAB	0.000000			69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
71.01	07101 IV SOLUTIONS	0.000000			71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03140 RADIOLOGY	0.000000			76.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
101.00	10100 HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150069		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/15/2014 6:20 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	2,565,362	0	2,565,362	14,672	174.85	30.00
31.00	INTENSIVE CARE UNIT	147,083		147,083	1,449	101.51	31.00
43.00	NURSERY	112,090		112,090	1,019	110.00	43.00
200.00	Total (Lines 30-199)	2,824,535		2,824,535	17,140		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	7,242	1,266,264				
31.00	INTENSIVE CARE UNIT	744	75,523				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	7,986	1,341,787				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/15/2014 6:20 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	973,798	21,337,164	0.045639	2,271,643	103,676	50.00
51.00	05100 RECOVERY ROOM	77,517	3,880,955	0.019974	449,607	8,980	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,357	1,305,967	0.006399	1,512	10	52.00
53.00	05300 ANESTHESIOLOGY	15,516	3,998,996	0.003880	554,043	2,150	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	609,462	6,722,547	0.090659	978,674	88,726	54.00
54.01	03630 ULTRA SOUND	8,088	1,840,502	0.004394	180,149	792	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	33,290	5,002,551	0.006655	350,961	2,336	54.02
55.00	03480 ONCOLOGY	52,449	1,027,465	0.051047	51,517	2,630	55.00
57.00	05700 CT SCAN	68,955	15,686,432	0.004396	2,078,091	9,135	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	63,546	6,558,968	0.009688	390,592	3,784	58.00
59.00	05900 CARDIAC CATHETERIZATION	53,291	2,465,156	0.021618	339,589	7,341	59.00
60.00	06000 LABORATORY	428,563	32,948,766	0.013007	4,408,905	57,347	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	21,374	1,389,576	0.015382	508,522	7,822	62.00
65.00	06500 RESPIRATORY THERAPY	80,175	4,289,424	0.018691	2,439,855	45,603	65.00
66.00	06600 PHYSICAL THERAPY	765,079	9,229,817	0.082892	828,696	68,692	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03020 SLEEP LAB	47,671	1,130,166	0.042181	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	205,113	10,095,566	0.020317	3,211,480	65,248	71.00
71.01	07101 IV SOLUTIONS	2,442	1,653,895	0.001477	308,528	456	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	37,664	1,955,457	0.019261	319,983	6,163	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	249,877	36,084,608	0.006925	12,440,999	86,154	73.00
76.00	03140 RADIOLOGY	316,140	8,236,352	0.038383	1,393,287	53,479	76.00
76.97	07697 CARDIAC REHABILITATION	37,521	290,004	0.129381	600	78	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	41,329	147,026	0.281100	184	52	90.00
91.00	09100 EMERGENCY	779,224	16,678,847	0.046719	2,132,271	99,618	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	442,192	2,029,457	0.217887	307,285	66,953	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	5,418,633	195,985,664		35,946,973	787,225	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150069		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/15/2014 6:20 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	14,672	0.00	7,242	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,449	0.00	744	0		31.00
43.00	04300	NURSERY	1,019	0.00	0	0		43.00
200.00		Total (lines 30-199)	17,140		7,986	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/15/2014 6:20 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	260,199	0	260,199
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.02
55.00	03480	ONCOLOGY	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03020	SLEEP LAB	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	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
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	260,199	0	260,199

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/15/2014 6:20 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	21,337,164	0.000000	0.000000	2,271,643	50.00
51.00	05100	RECOVERY ROOM	0	3,880,955	0.000000	0.000000	449,607	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,305,967	0.000000	0.000000	1,512	52.00
53.00	05300	ANESTHESIOLOGY	0	3,998,996	0.000000	0.000000	554,043	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	260,199	6,722,547	0.038705	0.038705	978,674	54.00
54.01	03630	ULTRA SOUND	0	1,840,502	0.000000	0.000000	180,149	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,002,551	0.000000	0.000000	350,961	54.02
55.00	03480	ONCOLOGY	0	1,027,465	0.000000	0.000000	51,517	55.00
57.00	05700	CT SCAN	0	15,686,432	0.000000	0.000000	2,078,091	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,558,968	0.000000	0.000000	390,592	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,465,156	0.000000	0.000000	339,589	59.00
60.00	06000	LABORATORY	0	32,948,766	0.000000	0.000000	4,408,905	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,389,576	0.000000	0.000000	508,522	62.00
65.00	06500	RESPIRATORY THERAPY	0	4,289,424	0.000000	0.000000	2,439,855	65.00
66.00	06600	PHYSICAL THERAPY	0	9,229,817	0.000000	0.000000	828,696	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01	03020	SLEEP LAB	0	1,130,166	0.000000	0.000000	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,095,566	0.000000	0.000000	3,211,480	71.00
71.01	07101	IV SOLUTIONS	0	1,653,895	0.000000	0.000000	308,528	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,955,457	0.000000	0.000000	319,983	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	36,084,608	0.000000	0.000000	12,440,999	73.00
76.00	03140	CARDIOLOGY	0	8,236,352	0.000000	0.000000	1,393,287	76.00
76.97	07697	CARDIAC REHABILITATION	0	290,004	0.000000	0.000000	600	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	147,026	0.000000	0.000000	184	90.00
91.00	09100	EMERGENCY	0	16,678,847	0.000000	0.000000	2,132,271	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,029,457	0.000000	0.000000	307,285	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	260,199	195,985,664			35,946,973	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/15/2014 6:20 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	6,476,059	0	50.00
51.00	05100 RECOVERY ROOM	0	739,799	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	661,165	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	37,880	1,745,206	67,548	54.00
54.01	03630 ULTRA SOUND	0	343,965	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	1,852,229	0	54.02
55.00	03480 ONCOLOGY	0	519,100	0	55.00
57.00	05700 CT SCAN	0	4,259,240	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,815,625	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	823,091	0	59.00
60.00	06000 LABORATORY	0	581,414	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	231,212	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	278,453	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03020 SLEEP LAB	0	372,853	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	748,620	0	71.00
71.01	07101 IV SOLUTIONS	0	46,091	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	947,708	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,787,547	0	73.00
76.00	03140 RADIOLOGY	0	2,961,012	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	96,160	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	17,343	0	90.00
91.00	09100 EMERGENCY	0	3,071,434	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	455,474	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	37,880	34,830,800	67,548	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/15/2014 6:20 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	0.223219	6,476,059	0	0	1,445,579	50.00
51.00	05100 RECOVERY ROOM	0.125887	739,799	0	0	93,131	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.202946	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.080500	661,165	0	0	53,224	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.734545	1,745,206	0	0	1,281,932	54.00
54.01	03630 ULTRA SOUND	0.177647	343,965	0	0	61,104	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.089959	1,852,229	0	0	166,625	54.02
55.00	03480 ONCOLOGY	0.491178	519,100	0	0	254,970	55.00
57.00	05700 CT SCAN	0.061370	4,259,240	0	0	261,390	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.075791	1,815,625	0	0	137,608	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.239246	823,091	0	0	196,921	59.00
60.00	06000 LABORATORY	0.193056	581,414	1,419	0	112,245	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.334265	231,212	0	0	77,286	62.00
65.00	06500 RESPIRATORY THERAPY	0.268338	278,453	0	0	74,720	65.00
66.00	06600 PHYSICAL THERAPY	0.394458	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03020 SLEEP LAB	0.311628	372,853	0	0	116,191	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.422560	748,620	0	0	316,337	71.00
71.01	07101 IV SOLUTIONS	0.061882	46,091	0	0	2,852	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1.146650	947,708	0	0	1,086,689	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203471	5,787,547	98	40,233	1,177,598	73.00
76.00	03140 RADIOLOGY	0.160556	2,961,012	0	0	475,408	76.00
76.97	07697 CARDIAC REHABILITATION	0.577078	96,160	0	0	55,492	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	1.778019	17,343	0	0	30,836	90.00
91.00	09100 EMERGENCY	0.237801	3,071,434	0	0	730,390	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.077069	455,474	0	0	490,577	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.786471	0	0	0	0	95.00
200.00	Subtotal (see instructions)		34,830,800	1,517	40,233	8,699,105	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		34,830,800	1,517	40,233	8,699,105	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/15/2014 6:20 pm
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Cost Center Description	Costs		50.00
	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
54.01 03630 ULTRA SOUND	0	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.02
55.00 03480 ONCOLOGY	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	274	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 03020 SLEEP LAB	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
71.01 07101 IV SOLUTIONS	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	20	8,186	73.00
76.00 03140 RADIOLOGY	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
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	294	8,186	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	294	8,186	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/15/2014 6:20 pm
		Title XIX	Hospital	Cost

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	0.223219	0	0	2,351,743	0	50.00
51.00	05100 RECOVERY ROOM	0.125887	0	0	497,252	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.202946	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.080500	0	0	493,775	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.734545	0	0	863,131	0	54.00
54.01	03630 ULTRA SOUND	0.177647	0	0	312,017	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.089959	0	0	414,249	0	54.02
55.00	03480 ONCOLOGY	0.491178	0	0	244,245	0	55.00
57.00	05700 CT SCAN	0.061370	0	0	1,535,533	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.075791	0	0	945,856	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.239246	0	0	161,134	0	59.00
60.00	06000 LABORATORY	0.193056	0	0	4,047,699	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.334265	0	0	60,398	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.268338	0	0	112,817	0	65.00
66.00	06600 PHYSICAL THERAPY	0.394458	0	0	1,152,403	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03020 SLEEP LAB	0.311628	0	0	195,796	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.422560	0	0	26,202	0	71.00
71.01	07101 IV SOLUTIONS	0.061882	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1.146650	0	0	78,157	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203471	0	0	3,165,180	0	73.00
76.00	03140 RADIOLOGY	0.160556	0	0	683,654	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.577078	0	0	19,201	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	1.778019	0	0	8,936	0	90.00
91.00	09100 EMERGENCY	0.237801	0	0	3,616,186	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.077069	0	0	870,293	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.786471	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	0	21,855,857	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	21,855,857	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/15/2014 6:20 pm
	Title XIX	Hospital	Cost

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	524,954		50.00
51.00 05100 RECOVERY ROOM	0	62,598		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	39,749		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	634,009		54.00
54.01 03630 ULTRA SOUND	0	55,429		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	37,265		54.02
55.00 03480 ONCOLOGY	0	119,968		55.00
57.00 05700 CT SCAN	0	94,236		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	71,687		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	38,551		59.00
60.00 06000 LABORATORY	0	781,433		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	20,189		62.00
65.00 06500 RESPIRATORY THERAPY	0	30,273		65.00
66.00 06600 PHYSICAL THERAPY	0	454,575		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 03020 SLEEP LAB	0	61,016		69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,072		71.00
71.01 07101 IV SOLUTIONS	0	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	89,619		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	644,022		73.00
76.00 03140 RADIOLOGY	0	109,765		76.00
76.97 07697 CARDIAC REHABILITATION	0	11,080		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	15,888		90.00
91.00 09100 EMERGENCY	0	859,933		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	937,366		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	5,704,677		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	5,704,677		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/15/2014 6:20 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,672	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,672	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)		12,143	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,242	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)		12,681,242	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)		12,681,242	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)		12,681,242	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)		864.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,259,405	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)		6,259,405	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/15/2014 6:20 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	1,765,360	1,449	1,218.33	744	906,438		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)					9,002,889		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,168,732		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,341,787		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					825,105		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,166,892		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,001,840		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,529		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					864.32		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,185,865		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/15/2014 6:20 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,565,362	12,681,242	0.202296	2,185,865	442,192	90.00
91.00	Nursing School cost	0	12,681,242	0.000000	2,185,865	0	91.00
92.00	Allied health cost	0	12,681,242	0.000000	2,185,865	0	92.00
93.00	All other Medical Education	0	12,681,242	0.000000	2,185,865	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/15/2014 6:20 pm
Cost Center Description			Cost	
			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)		14,672	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,672	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)		12,143	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)		1,435	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,019	15.00
16.00	Nursery days (title V or XIX only)		244	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)		12,681,242	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)		12,681,242	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)		12,681,242	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)		864.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,240,299	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)		1,240,299	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XIX		Hospital		Cost			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	748,549	1,019	734.59	244	179,240		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,765,360	1,449	1,218.33	177	215,644		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)					1,665,331		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,300,514		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						2,529	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						864.32	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						2,185,865	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150069

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

Worksheet D-1  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description	Cost	Title XIX		Hospital	Cost	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	0	0	0.000000	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/15/2014 6:20 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		6,327,919	30.00
31.00	03100	INTENSIVE CARE UNIT		1,200,674	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.223219	2,271,643	507,074 50.00
51.00	05100	RECOVERY ROOM	0.125887	449,607	56,600 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202946	1,512	307 52.00
53.00	05300	ANESTHESIOLOGY	0.080500	554,043	44,600 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.734545	978,674	718,880 54.00
54.01	03630	ULTRA SOUND	0.177647	180,149	32,003 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.089959	350,961	31,572 54.02
55.00	03480	ONCOLOGY	0.491178	51,517	25,304 55.00
57.00	05700	CT SCAN	0.061370	2,078,091	127,532 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.075791	390,592	29,603 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.239246	339,589	81,245 59.00
60.00	06000	LABORATORY	0.195008	4,408,905	859,772 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.334265	508,522	169,981 62.00
65.00	06500	RESPIRATORY THERAPY	0.268338	2,439,855	654,706 65.00
66.00	06600	PHYSICAL THERAPY	0.394458	828,696	326,886 66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0 69.00
69.01	03020	SLEEP LAB	0.311628	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.422560	3,211,480	1,357,043 71.00
71.01	07101	IV SOLUTIONS	0.061882	308,528	19,092 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.146650	319,983	366,909 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203471	12,440,999	2,531,383 73.00
76.00	03140	CARDIOLOGY	0.160556	1,393,287	223,701 76.00
76.97	07697	CARDIAC REHABILITATION	0.577078	600	346 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.778019	184	327 90.00
91.00	09100	EMERGENCY	0.237801	2,132,271	507,056 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.077069	307,285	330,967 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		35,946,973	9,002,889 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		35,946,973	9,002,889 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/15/2014 6:20 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,624,194	30.00
31.00	03100	INTENSIVE CARE UNIT		387,881	31.00
43.00	04300	NURSERY		649,785	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.223219	843,651	188,319 50.00
51.00	05100	RECOVERY ROOM	0.125887	164,122	20,661 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202946	679,401	137,882 52.00
53.00	05300	ANESTHESIOLOGY	0.080500	157,083	12,645 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.734545	151,281	111,123 54.00
54.01	03630	ULTRA SOUND	0.177647	55,942	9,938 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.089959	24,203	2,177 54.02
55.00	03480	ONCOLOGY	0.491178	15,380	7,554 55.00
57.00	05700	CT SCAN	0.061370	344,230	21,125 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.075791	50,759	3,847 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.239246	61,959	14,823 59.00
60.00	06000	LABORATORY	0.193056	973,375	187,916 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.334265	79,626	26,616 62.00
65.00	06500	RESPIRATORY THERAPY	0.268338	362,850	97,366 65.00
66.00	06600	PHYSICAL THERAPY	0.394458	64,121	25,293 66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0 69.00
69.01	03020	SLEEP LAB	0.311628	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.422560	75,094	31,732 71.00
71.01	07101	IV SOLUTIONS	0.061882	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.146650	5,899	6,764 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203471	3,139,738	638,846 73.00
76.00	03140	CARDIOLOGY	0.160556	183,793	29,509 76.00
76.97	07697	CARDIAC REHABILITATION	0.577078	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	1.778019	0	0 90.00
91.00	09100	EMERGENCY	0.237801	383,493	91,195 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.077069	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		7,816,000	1,665,331 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		7,816,000	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/15/2014 6:20 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		8,654,841	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		2,669,741	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)		121,528	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)		76.07	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)		4.75	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.58	31.00
32.00	Sum of lines 30 and 31		23.33	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.46	33.00
34.00	Disproportionate share adjustment (see instructions)		788,665	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/15/2014 6:20 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)			0	35.00
35.01	Factor 3 (see instructions)			0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			652,099	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			164,365	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		164,365		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)		12,399,140		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		12,360,838		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		12,399,140		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		913,332		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)		37,880		58.00
59.00	Total (sum of amounts on lines 49 through 58)		13,350,352		59.00
60.00	Primary payer payments		3,575		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,346,777		61.00
62.00	Deductibles billed to program beneficiaries		1,499,288		62.00
63.00	Coinurance billed to program beneficiaries		31,672		63.00
64.00	Allowable bad debts (see instructions)		180,844		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		117,549		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		115,407		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		11,933,366		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 ADJUSTMENT PER PSR		0		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-21,061		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/15/2014 6:20 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)		11,912,305		71.00
71.01	Sequestration adjustment (see instructions)		179,876		71.01
72.00	Interim payments		12,336,999		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		-604,570		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		3,587,477		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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150069

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/15/2014 6:20 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	8,654,841	0	8,654,841	0	8,654,841	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	2,669,741	0	0	2,669,741	2,669,741	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	121,528	0	49,413	72,115	121,528	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0846	0.0846	0.0846	0.0846		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	788,665	0	732,200	56,465	788,665	11.00
11.01	Uncompensated care payments	36.00	164,365	164,365	0	0	164,365	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	12,399,140	164,365	9,436,454	2,798,321	12,399,140	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	12,360,838	0	9,417,321	2,943,517	12,360,838	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	12,399,140	164,365	9,436,454	2,798,321	12,399,140	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	913,332	0	692,101	221,231	913,332	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			164,365	10,128,555	3,019,552	13,312,472	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150069

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/15/2014 6:20 pm

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	897,140	0	684,914	212,226	897,140	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	16,192	0	7,187	9,005	16,192	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	913,332	0	692,101	221,231	913,332	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/15/2014 6:20 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		8,480	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,631,557	2.00
3.00	PPS payments		7,652,528	3.00
4.00	Outlier payment (see instructions)		14,711	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.921	5.00
6.00	Line 2 times line 5		7,949,664	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		96.45	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		67,548	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,480	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		41,750	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)		41,750	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)		41,750	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		33,270	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)		8,480	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)		7,734,787	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		20	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,801,237	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)		5,942,010	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)		5,942,010	30.00
31.00	Primary payer payments		1,726	31.00
32.00	Subtotal (line 30 minus line 31)		5,940,284	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)		263,196	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		171,077	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		180,779	36.00
37.00	Subtotal (see instructions)		6,111,361	37.00
38.00	MSP-LCC reconciliation amount from PS&R		272	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)		6,111,089	40.00
40.01	Sequestration adjustment (see instructions)		92,277	40.01
41.00	Interim payments		5,954,123	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		64,689	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150069

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/15/2014 6:20 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		12,336,999		5,954,123	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)		12,336,999		5,954,123	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		64,689	6.01	
6.02	SETTLEMENT TO PROGRAM		604,570		0	6.02	
7.00	Total Medicare program liability (see instructions)		11,732,429		6,018,812	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: 150069

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/15/2014 6:20 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			3,639 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			7,986 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,024 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			13,592 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			217,540,453 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			5,146,567 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)			1,696,142 8.00
9.00	Sequestration adjustment amount (see instructions)			33,923 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,662,219 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,689,351 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)			-27,132 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/15/2014 6:20 pm	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services	3,300,514			1.00
2.00	Medical and other services		5,704,677		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	3,300,514	5,704,677		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	3,300,514	5,704,677		7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	7,816,000	21,855,857		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	7,816,000	21,855,857		12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	7,816,000	21,855,857		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	4,515,486	16,151,180		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	3,300,514	5,704,677		21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	3,300,514	5,704,677		29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	3,300,514	5,704,677		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	3,300,514	5,704,677		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	3,300,514	5,704,677		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	3,300,514	5,704,677		40.00
41.00	Interim payments	3,300,514	5,704,677		41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0		43.00

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

Provider CCN: 150069

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

Worksheet G

Date/Time Prepared:  
5/15/2014 6:20 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	7,422,970	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	10,039,288	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,323,063	0	0	0	7.00
8.00	Prepaid expenses	4,408,672	0	0	0	8.00
9.00	Other current assets	261,482	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)	24,455,475	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	6,522,326	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	112,551,672	0	0	0	15.00
16.00	Accumulated depreciation	-38,579,141	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	56,126,079	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	136,620,936	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	1,000,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	73,478,624	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	74,478,624	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	235,555,035	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,685,951	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,505,996	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	8,614,197	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,806,144	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	97,975,255	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,524,436	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	100,499,691	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	115,305,835	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	120,249,200				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)	120,249,200	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	235,555,035	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150069

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

Worksheet G-1

Date/Time Prepared:  
5/15/2014 6:20 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		124,576,535		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-4,327,335			2.00
3.00	Total (sum of line 1 and line 2)		120,249,200		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		120,249,200		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)		120,249,200		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			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150069

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/15/2014 6:20 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	16,422,221		16,422,221	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)	16,422,221		16,422,221	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,523,187		2,523,187	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)	2,523,187		2,523,187	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	18,945,408		18,945,408	17.00
18.00	Ancillary services	59,393,642	129,930,232	189,323,874	18.00
19.00	Outpatient services	3,572,564	13,512,713	17,085,277	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		2,094,427	2,094,427	22.00
23.00	AMBULANCE SERVICES	34,012	3,395,137	3,429,149	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	414,121	414,121	26.00
27.00	MOB AND PHYSICIAN CLINICS	36,319	76,286,331	76,322,650	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	81,981,945	225,632,961	307,614,906	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		121,547,452		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)		121,547,452		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150069

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

Worksheet G-3

Date/Time Prepared:  
5/15/2014 6:20 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	307,614,906	1.00
2.00	Less contractual allowances and discounts on patients' accounts	195,935,580	2.00
3.00	Net patient revenues (line 1 minus line 2)	111,679,326	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	121,547,452	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,868,126	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	1,002,764	6.00
7.00	Income from investments	1,457,367	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	284,316	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	96,376	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	54,107	22.00
23.00	Governmental appropriations	0	23.00
24.00	NON PATIENT REVENUE	36,280	24.00
24.02	GAIN/LOSS	1,468,782	24.02
24.03	MISCELLANEOUS REVENUE	2,516,228	24.03
25.00	Total other income (sum of lines 6-24)	6,916,220	25.00
26.00	Total (line 5 plus line 25)	-2,951,906	26.00
27.00	GOODWILL IMPAIRMENT	1,375,429	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,375,429	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-4,327,335	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150069

Period: From 01/01/2013

Worksheet H

HHA CCN: 157141

To 12/31/2013

Date/Time Prepared: 5/15/2014 6:20 pm

Home Health Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	330,814	0	1,561	0	16,984	349,359	5.00
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	95,005	0	7,787	0	0	102,792	6.00
7.00	Physical Therapy	199,961	0	21,653	0	0	221,614	7.00
8.00	Occupational Therapy	45,743	0	4,489	0	0	50,232	8.00
9.00	Speech Pathology	4,572	0	915	0	0	5,487	9.00
10.00	Medical Social Services	329,995	0	29,117	0	0	359,112	10.00
11.00	Home Health Aide	53,964	0	15,905	0	0	69,869	11.00
12.00	Supplies (see instructions)	0	0	0	0	36,950	36,950	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,060,054	0	81,427	0	53,934	1,195,415	24.00
		Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	349,359	0	349,359			5.00
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	0	102,792	0	102,792			6.00
7.00	Physical Therapy	0	221,614	0	221,614			7.00
8.00	Occupational Therapy	0	50,232	0	50,232			8.00
9.00	Speech Pathology	0	5,487	0	5,487			9.00
10.00	Medical Social Services	0	359,112	0	359,112			10.00
11.00	Home Health Aide	0	69,869	0	69,869			11.00
12.00	Supplies (see instructions)	-31	36,919	0	36,919			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	-31	1,195,384	0	1,195,384			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part I Date/Time Prepared: 5/15/2014 6:20 pm
		HHA CCN: 157141	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	349,359	0	0	0	349,359	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	102,792	0	0	0	102,792	6.00	
7.00	Physical Therapy	221,614	0	0	0	221,614	7.00	
8.00	Occupational Therapy	50,232	0	0	0	50,232	8.00	
9.00	Speech Pathology	5,487	0	0	0	5,487	9.00	
10.00	Medical Social Services	359,112	0	0	0	359,112	10.00	
11.00	Home Health Aide	69,869	0	0	0	69,869	11.00	
12.00	Supplies (see instructions)	36,919	0	0	0	36,919	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	1,195,384	0	0	0	1,195,384	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	349,359					5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	42,447	145,239				6.00	
7.00	Physical Therapy	91,514	313,128				7.00	
8.00	Occupational Therapy	20,743	70,975				8.00	
9.00	Speech Pathology	2,266	7,753				9.00	
10.00	Medical Social Services	148,292	507,404				10.00	
11.00	Home Health Aide	28,852	98,721				11.00	
12.00	Supplies (see instructions)	15,245	52,164				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		1,195,384				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part II Date/Time Prepared: 5/15/2014 6:20 pm PPS
		Home Health Agency I		

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	2,748			0		1.00
2.00	Capital Related - Movable Equipment		2,748		0		2.00
3.00	Plant Operation & Maintenance	0	0	2,748	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	2,748	2,748	2,748	0	-349,359	846,025 5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	102,792 6.00
7.00	Physical Therapy	0	0	0	0	0	221,614 7.00
8.00	Occupational Therapy	0	0	0	0	0	50,232 8.00
9.00	Speech Pathology	0	0	0	0	0	5,487 9.00
10.00	Medical Social Services	0	0	0	0	0	359,112 10.00
11.00	Home Health Aide	0	0	0	0	0	69,869 11.00
12.00	Supplies (see instructions)	0	0	0	0	0	36,919 12.00
13.00	Drugs	0	0	0	0	0	0 13.00
14.00	DME	0	0	0	0	0	0 14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0 15.00
16.00	Respiratory Therapy	0	0	0	0	0	0 16.00
17.00	Private Duty Nursing	0	0	0	0	0	0 17.00
18.00	Clinic	0	0	0	0	0	0 18.00
19.00	Health Promotion Activities	0	0	0	0	0	0 19.00
20.00	Day Care Program	0	0	0	0	0	0 20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0 21.00
22.00	Homemaker Service	0	0	0	0	0	0 22.00
23.00	All Others (specify)	0	0	0	0	0	0 23.00
24.00	Total (sum of lines 1-23)	2,748	2,748	2,748	0	-349,359	846,025 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		349,359 25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.412942 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150069

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

Worksheet H-2 Part I

HHA CCN: 157141

Date/Time Prepared: 5/15/2014 6:20 pm

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP			
		0	1.00	1.01			
1.00 Administrative and General	0	0	51,420	0	52,728	104,148	1.00
2.00 Skilled Nursing Care	145,239	0	0	0	15,143	160,382	2.00
3.00 Physical Therapy	313,128	0	0	0	31,872	345,000	3.00
4.00 Occupational Therapy	70,975	0	0	0	7,291	78,266	4.00
5.00 Speech Pathology	7,753	0	0	0	729	8,482	5.00
6.00 Medical Social Services	507,404	0	0	0	52,598	560,002	6.00
7.00 Home Health Aide	98,721	0	0	0	8,601	107,322	7.00
8.00 Supplies (see instructions)	52,164	0	0	0	0	52,164	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,195,384	0	51,420	0	168,962	1,415,766	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00
Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	5.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	27,666	61,801	0	18,964	0	0	1.00
2.00 Skilled Nursing Care	42,604	0	0	0	0	0	2.00
3.00 Physical Therapy	91,646	0	0	0	0	0	3.00
4.00 Occupational Therapy	20,791	0	0	0	0	0	4.00
5.00 Speech Pathology	2,253	0	0	0	0	0	5.00
6.00 Medical Social Services	148,761	0	0	0	0	0	6.00
7.00 Home Health Aide	28,509	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	13,857	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	376,087	61,801	0	18,964	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150069

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 157141

To 12/31/2013

Part I  
Date/Time Prepared:  
5/15/2014 6:20 pm

Home Health Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	622	0	0	176,235	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	622	0	0	176,235	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	RADIOLOGY SCHOOL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	23.00	24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	0	212,579	0	212,579		1.00	
2.00	Skilled Nursing Care	0	202,986	0	202,986	23,491	2.00	
3.00	Physical Therapy	0	436,646	0	436,646	50,532	3.00	
4.00	Occupational Therapy	0	99,057	0	99,057	11,464	4.00	
5.00	Speech Pathology	0	10,735	0	10,735	1,242	5.00	
6.00	Medical Social Services	0	708,763	0	708,763	82,023	6.00	
7.00	Home Health Aide	0	135,831	0	135,831	15,719	7.00	
8.00	Supplies (see instructions)	0	242,878	0	242,878	28,108	8.00	
9.00	Drugs	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	19.00	
20.00	Total (sum of lines 1-19) (2)	0	2,049,475	0	2,049,475	212,579	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.115727	21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150069  
HHA CCN: 157141

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

Worksheet H-2 Part II  
Date/Time Prepared: 5/15/2014 6:20 pm

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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	1.01	2.00				
1.00 Administrative and General	0	2,748	0	330,814	0	104,148	1.00
2.00 Skilled Nursing Care	0	0	0	95,005	0	160,382	2.00
3.00 Physical Therapy	0	0	0	199,961	0	345,000	3.00
4.00 Occupational Therapy	0	0	0	45,743	0	78,266	4.00
5.00 Speech Pathology	0	0	0	4,572	0	8,482	5.00
6.00 Medical Social Services	0	0	0	329,995	0	560,002	6.00
7.00 Home Health Aide	0	0	0	53,964	0	107,322	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	52,164	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	2,748	0	1,060,054	0	1,415,766	20.00
21.00 Total cost to be allocated	0	51,420	0	168,962	0	376,087	21.00
22.00 Unit cost multiplier	0.000000	18.711790	0.000000	0.159390	0.000000	0.265642	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	2,748	0	591	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,748	0	591	0	0	0	20.00
21.00 Total cost to be allocated	61,801	0	18,964	0	0	0	21.00
22.00 Unit cost multiplier	22.489447	0.000000	32.087986	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150069  
HHA CCN: 157141

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	RADIOLOGY SCHOOL (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	2,623	0	0	11,734	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	2,623	0	0	11,734	0	0	20.00
21.00	Total cost to be allocated	622	0	0	176,235	0	0	21.00
22.00	Unit cost multiplier	0.237133	0.000000	0.000000	15.019175	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/15/2014 6:20 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	226,477		226,477	5,740	39.46	1.00
2.00	Physical Therapy	3.00	487,178	0	487,178	3,176	153.39	2.00
3.00	Occupational Therapy	4.00	110,521	0	110,521	672	164.47	3.00
4.00	Speech Pathology	5.00	11,977	0	11,977	82	146.06	4.00
5.00	Medical Social Services	6.00	790,786		790,786	7	112,969.43	5.00
6.00	Home Health Aide	7.00	151,550		151,550	2,057	73.68	6.00
7.00	Total (sum of lines 1-6)		1,778,489	0	1,778,489	11,734		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		17140	0	20			8.00
8.01	Skilled Nursing Care		99915	1,414	1,556			8.01
9.00	Physical Therapy		17140	26	0			9.00
9.01	Physical Therapy		99915	1,098	1,349			9.01
10.00	Occupational Therapy		17140	2	0			10.00
10.01	Occupational Therapy		99915	191	300			10.01
11.00	Speech Pathology		17140	0	0			11.00
11.01	Speech Pathology		99915	23	19			11.01
12.00	Medical Social Services		17140	0	0			12.00
12.01	Medical Social Services		99915	0	4			12.01
13.00	Home Health Aide		17140	0	6			13.00
13.01	Home Health Aide		99915	477	924			13.01
14.00	Total (sum of lines 8-13)			3,231	4,178			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line								
Facility Costs (from Wkst. H-2, Part I)								
Shared Ancillary Costs (from Part II)								
Total HHA Costs (cols. 1 + 2)								
Total Charges (from HHA Record)								
Ratio (col. 3 ÷ col. 4)								
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	270,986	0	270,986	204,526	1.324946	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost of Services								
Part B								
Part A								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,414	1,576		55,796	62,189		1.00
2.00	Physical Therapy	1,124	1,349		172,410	206,923		2.00
3.00	Occupational Therapy	193	300		31,743	49,341		3.00
4.00	Speech Pathology	23	19		3,359	2,775		4.00
5.00	Medical Social Services	0	4		0	451,878		5.00
6.00	Home Health Aide	477	930		35,145	68,522		6.00
7.00	Total (sum of lines 1-6)	3,231	4,178		298,453	841,628		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150069  
HHA CCN: 157141

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

Worksheet H-3  
Part I  
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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
<b>Limitation Cost Computation</b>							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
<b>Supplies and Drugs Cost Computations</b>							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>							
<b>Cost Per Visit Computation</b>							
1.00	Skilled Nursing Care	117,985					1.00
2.00	Physical Therapy	379,333					2.00
3.00	Occupational Therapy	81,084					3.00
4.00	Speech Pathology	6,134					4.00
5.00	Medical Social Services	451,878					5.00
6.00	Home Health Aide	103,667					6.00
7.00	Total (sum of lines 1-6)	1,140,081					7.00
Cost Center Description		12.00					
<b>Limitation Cost Computation</b>							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150069	Period: From 01/01/2013	Worksheet H-3
		HHA CCN: 157141	To 12/31/2013	Part II
		Title XVIII	Home Health Agency I	Date/Time Prepared: 5/15/2014 6:20 pm
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Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.394458	0	0	col. 2, line 2.00
2.00	Occupational Therapy					
3.00	Speech Pathology					
4.00	Cost of Medical Supplies	71.00	0.422560	0	0	col. 2, line 15.00
4.01	Cost of Medical Supplies 1	71.01	0.061882	0	0	col. 2, line 15.01
5.00	Cost of Drugs	73.00	0.203471	0	0	col. 2, line 16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 5/15/2014 6:20 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		456,718	606,038
12.00	Total PPS Reimbursement - Full Episodes with Outliers		12,002	12,405
13.00	Total PPS Reimbursement - LUPA Episodes		7,128	8,352
14.00	Total PPS Reimbursement - PEP Episodes		6,014	4,197
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		2,339	3,078
16.00	Total PPS Outlier Reimbursement - PEP Episodes		409	181
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		484,610	634,251
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		484,610	634,251
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		484,610	634,251
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		484,610	634,251
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		484,610	634,251
31.01	Sequestration adjustment (see instructions)		6,748	9,273
32.00	Interim payments (see instructions)		477,862	624,978
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 150069  
HHA CCN: 157141

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

Worksheet H-5  
Date/Time Prepared:  
5/15/2014 6:20 pm  
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		477,862		624,978	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		477,862		624,978	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		477,862		624,978	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150069

Period: From 01/01/2013

Worksheet K

Hospice CCN: 151535

To 12/31/2013

Date/Time Prepared: 5/15/2014 6:20 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	8,592	0	514	0	26,816	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	9,636	0	1,178	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	522	0	798	0	0	12.00
13.00	Occupational Therapy	462	0	59	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	88,867	0	7,661	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	9,445	0	3,551	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	26,376	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	692	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	117,524	0	13,761	0	53,884	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150069

Period: From 01/01/2013

Worksheet K

Hospice CCN: 151535

To 12/31/2013

Date/Time Prepared: 5/15/2014 6:20 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	35,922	0	35,922	0	35,922	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	10,814	0	10,814	0	10,814	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,320	0	1,320	0	1,320	12.00
13.00	Occupational Therapy	521	0	521	0	521	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	96,528	0	96,528	0	96,528	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	12,996	0	12,996	0	12,996	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	26,376	0	26,376	0	26,376	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	692	0	692	0	692	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	185,169	0	185,169	0	185,169	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150069

Period: From 01/01/2013

Worksheet K-1

Hospice CCN: 151535

To 12/31/2013

Date/Time Prepared: 5/15/2014 6:20 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	9,636	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	9,636	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150069

Period: From 01/01/2013

Worksheet K-1

Hospice CCN: 151535

To 12/31/2013

Date/Time Prepared: 5/15/2014 6:20 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	0	5.00
6.00	Administrative and General		0	8,592	6.00
<b>INPATIENT CARE SERVICE</b>					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
<b>VISITING SERVICES</b>					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	522	12.00
13.00	Occupational Therapy	0	0	462	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	88,867	15.00
16.00	Spiritual Counseling		0	0	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		9,445	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	9,445	98,443	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150069

Period: From 01/01/2013

Worksheet K-4

Hospice CCN: 151535

To 12/31/2013

Part I  
Date/Time Prepared:  
5/15/2014 6:20 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	35,922	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	10,814	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,320	0	0	0	0	12.00
13.00	Occupational Therapy	521	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	96,528	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	12,996	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	26,376	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	692	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	185,169	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150069

Period: From 01/01/2013

Worksheet K-4

Hospice CCN: 151535

To 12/31/2013

Part I  
Date/Time Prepared:  
5/15/2014 6:20 pm

		Hospice I			
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
	5.00	5A	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance				3.00
4.00	Transportation - Staff				4.00
5.00	Volunteer Service Coordination	0			5.00
6.00	Administrative and General	0	35,922	35,922	6.00
<b>INPATIENT CARE SERVICE</b>					
7.00	Inpatient - General Care	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
<b>VISITING SERVICES</b>					
9.00	Physician Services	0	0	0	9.00
10.00	Nursing Care	0	10,814	2,603	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	1,320	318	12.00
13.00	Occupational Therapy	0	521	125	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	0	96,528	23,233	15.00
16.00	Spiritual Counseling	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	12,996	3,128	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>					
22.00	Drugs, Biological and Infusion Therapy	0	26,376	6,348	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	0	0	0	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	692	167	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	185,169	185,169	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

Period: From 01/01/2013

Worksheet K-4

Hospice CCN: 151535

To 12/31/2013

Part II  
Date/Time Prepared:  
5/15/2014 6:20 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

Period: From 01/01/2013

Worksheet K-4

Hospice CCN: 151535

To 12/31/2013

Part II  
Date/Time Prepared:  
5/15/2014 6:20 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-35,922	149,247	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	10,814	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	1,320	12.00
13.00	Occupational Therapy	0	521	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	96,528	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	12,996	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	26,376	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	692	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		35,922	39.00
40.00	Unit Cost Multiplier		0.240688	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151535

To 12/31/2013

Part I  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
			1.00	1.01	2.00		
1.00	Administrative and General		0	13,921	0	1,369	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	13,417	0	0	0	1,536	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	1,638	0	0	0	83	7.00
8.00	Occupational Therapy	646	0	0	0	74	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	119,761	0	0	0	14,165	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	16,124	0	0	0	1,505	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	32,724	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	859	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	185,169	0	13,921	0	18,732	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period:

Worksheet K-5

Hospice CCN: 151535

From 01/01/2013

Part I

To 12/31/2013

Date/Time Prepared:

5/15/2014 6:20 pm

Cost Center Description		Subtotal	Hospice I				
			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
1.00	Administrative and General	15,290	4,062	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	14,953	3,972	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	1,721	457	0	0	0	7.00
8.00	Occupational Therapy	720	191	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	133,926	35,577	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	17,629	4,683	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	32,724	8,693	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	859	228	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	217,822	57,863	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period:

Worksheet K-5

Hospice CCN: 151535

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

Part I  
Date/Time Prepared:  
5/15/2014 6:20 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151535

To 12/31/2013

Part I  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		Hospice I				Subtotal (col s. 4A-23)	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL		
		16.00	17.00	19.00	23.00	24.00	
1.00	Administrative and General	0	0	0	0	19,352	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	18,925	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	2,178	7.00
8.00	Occupational Therapy	0	0	0	0	911	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	31,390	0	0	200,893	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	22,312	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	41,417	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	1,087	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	31,390	0	0	307,075	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151535

To 12/31/2013

Part I  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	18,925	1,273	20,198		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	2,178	146	2,324		7.00
8.00	Occupational Therapy	0	911	61	972		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	200,893	13,512	214,405		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	22,312	1,501	23,813		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	41,417	2,786	44,203		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	1,087	73	1,160		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	307,075		307,075		34.00
35.00	Unit Cost Multiplier (see instructions)			0.067259			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150069  
Hospice CCN: 151535

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
		1.00	1.01	2.00			
				4.00	5A		
1.00	Administrative and General	0	744	0	8,592	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	9,636	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	522	0	7.00
8.00	Occupational Therapy	0	0	0	462	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	88,867	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	9,445	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	744	0	117,524	0	34.00
35.00	Total cost to be allocated	0	13,921	0	18,732	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	18.711022	0.000000	0.159389	0	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150069  
Hospice CCN: 151535

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	15,290	744	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	14,953	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	1,721	0	0	0	0	7.00
8.00	Occupational Therapy	720	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	133,926	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	17,629	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	32,724	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	859	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	217,822	744	0	0	0	34.00
35.00	Total cost to be allocated	57,863	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.265644	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150069  
Hospice CCN: 151535

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/15/2014 6:20 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		Hospice I			
		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	RADIOLOGY SCHOOL	
		(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	
		17.00	19.00	23.00	
1.00	Administrative and General	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	3.00
4.00	Physician Services	0	0	0	4.00
5.00	Nursing Care	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	6.00
7.00	Physical Therapy	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	9.00
10.00	Medical Social Services	2,090	0	0	10.00
11.00	Spiritual Counseling	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	12.00
13.00	Counseling - Other	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	15.00
16.00	Other	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	17.00
18.00	Analgesics	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	19.00
20.00	Other - Specify	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	21.00
22.00	Patient Transportation	0	0	0	22.00
23.00	Imaging Services	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	24.00
25.00	Medical Supplies	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	27.00
28.00	Chemotherapy	0	0	0	28.00
29.00	Other	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	31.00
32.00	Fundraising	0	0	0	32.00
33.00	Other Program Costs	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,090	0	0	34.00
35.00	Total cost to be allocated	31,390	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	15.019139	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150069

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151535

To 12/31/2013

Part III  
Date/Time Prepared:  
5/15/2014 6:20 pm

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.394458	0	0
2.00	OCCUPATIONAL THERAPY	67.00		0	0
3.00	SPEECH PATHOLOGY	68.00		0	0
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.203471	0	0
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00		0	0
6.00	LABORATORY	60.00	0.195008	0	0
6.01	BLOOD LABORATORY	60.01		0	0
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.422560	0	0
7.01	IV SOLUTIONS	71.01	0.061882	0	0
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00		0	0
9.00	ONCOLOGY	55.00	0.491178	0	0
10.00	CARDIOLOGY	76.00	0.160556	0	0
10.97	CARDIAC REHABILITATION	76.97	0.577078	0	0
11.00	Totals (sum of lines 1-10)				

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150069

Period: From 01/01/2013

Worksheet K-6

Hospice CCN: 151535

To 12/31/2013

Date/Time Prepared: 5/15/2014 6:20 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				307,075	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				1,877	2.00
3.00	Average cost per diem (line 1 divided by line 2)				163.60	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	1,877				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	307,077				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150069	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/15/2014 6:20 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		897,140	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		16,192	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)		37.87	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		913,332	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