

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/27/2014 6:36 pm
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PART I - COST REPORT STATUS

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL HOSPITAL OF SOUTH BEND, INC (150058) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	3,159,040	304,336	-360,411	0	1.00
2.00 Subprovider - IPF	0	5,257	0		0	2.00
3.00 Subprovider - IRF	0	71,342	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	3,235,639	304,336	-360,411	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 6:36 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 615 N MICHIGAN ST			PO Box:						1.00	
2.00	City: SOUTH BEND			State: IN		Zip Code: 46601		County: ST. JOSEPH		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		MEMORIAL HOSPITAL OF SOUTH BEND, INC	150058	43780	1	01/01/1984	N	P	P	3.00
4.00	Subprovider - IPF		PSYCHIATRIC UNIT	15S058	43780	4	04/07/2011	N	P	P	4.00
5.00	Subprovider - IRF		REHABILITATION UNIT	15T058	43780	5	01/01/1984	N	P	P	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013	12/31/2013		20.00		
21.00	Type of Control (see instructions)					2		21.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
			1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		11,040	10,573	2,802	0	7,420	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		104	720	0	0	8			25.00	
						Urban/Rural S	Date of Geogr				
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00			
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00			
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00			

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			3.00	3.00
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)		16.76	21.76		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		16.76	23.50		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		16.76	21.78		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		19.76	23.50		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		3.00	1.72		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		3.00	3.00		61.06
			Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.				0.00	0.00

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

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

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	995,875	709,921	1,705,796		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	15H013		

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: MEMORIAL HEALTH SYSTEM	Contractor's Name: WI PHYS SVCS		Contractor's Number: 08001			
142.00	Street: 615 N MICHIGAN ST	PO Box:					
143.00	City: SOUTH BEND	State: IN		Zip Code: 46601			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				N	145.00	
				1.00			
				2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75	169.00	
				Beginning		Ending	
				1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2013	12/31/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 6:36 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)	Y	12/01/2011		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.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			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.	Y			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.		Y		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/15/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Y		Y	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: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 6:36 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LORI	CUNNINGHAM		41.00
42.00	Enter the employer/company name of the cost report preparer.	MEMORIAL HOSPITAL OF SOUTH BEND, INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	574-647-3327	LCUNNINGHAM@BEACONHEALTHSYSTEM.ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	04/15/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT ANALYST	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

HFS Supplemental Information		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part IX Date/Time Prepared: 5/27/2014 6:36 pm
		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150058

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 6:36 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	365	133,225	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)		365	133,225	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT	32.00	32	11,680	0.00	0	9.00
9.10 NEONATAL INTENSIVE CARE UNIT	32.10	36	13,140	0.00	0	9.10
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)		433	158,045	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	24	8,760		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		477				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: 150058

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 6:36 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)	24,898	10,499	67,200			1.00
2.00 HMO and other (see instructions)	8,134	20,795				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	728				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)	24,898	10,499	67,200			7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT	2,272	0	7,581			9.00
9.10 NEONATAL INTENSIVE CARE UNIT	0	0	8,276			9.10
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	4,521			13.00
14.00 Total (see instructions)	27,170	10,499	87,578	25.08	2,158.48	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	4,674	217	5,813	0.00	36.18	16.00
17.00 SUBPROVIDER - IRF	1,540	104	3,775	0.00	21.52	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	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)				25.08	2,216.18	27.00
28.00 Observation Bed Days		0	5,766			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,241			30.00
31.00 Employee discount days - IRF			12			31.00
32.00 Labor & delivery days (see instructions)	0	541	857			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: 150058

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 6:36 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	5,335	5,792	19,038	1.00
2.00 HMO and other (see instructions)				1,698			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
9.10 NEONATAL INTENSIVE CARE UNIT							9.10
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)	94.01	0	5,335	5,792		19,038	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	294	12		407	16.00
17.00 SUBPROVIDER - IRF	0.00	0	100	35		223	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	94.01						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: 150058		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/27/2014 6:36 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	130,402,281	0	130,402,281	4,432,870.00	29.42	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		1,449,069	0	1,449,069	16,120.00	89.89	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,771,659	1,771,659	56,744.00	31.22	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		7,428,245	-1,621,034	5,807,211	314,875.00	18.44	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		2,317,703	0	2,317,703	62,913.00	36.84	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		1,795,467	0	1,795,467	10,732.00	167.30	13.00
14.00	Home office salaries & wage-related costs		12,881,896	0	12,881,896	251,599.00	51.20	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		34,468,095	0	34,468,095			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,239,905	0	2,239,905			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		164,776	0	164,776			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		352,806	0	352,806			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	964,578	25,562,569	26,527,147	24,471.00	1,084.02	26.00
27.00	Administrative & General	5.00	7,223,339	-1,516,314	5,707,025	261,021.00	21.86	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	481,565	-77,664	403,901	14,675.00	27.52	29.00
30.00	Operation of Plant	7.00	1,437,157	-301,579	1,135,578	56,495.00	20.10	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	4,026,823	-1,353,374	2,673,449	231,993.00	11.52	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,904,587	-2,109,896	794,691	113,658.00	6.99	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,177,855	1,177,855	61,201.00	19.25	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,217,034	-242,518	974,516	45,585.00	21.38	38.00
39.00	Central Services and Supply	14.00	1,957,081	-529,586	1,427,495	98,799.00	14.45	39.00
40.00	Pharmacy	15.00	5,216,023	-740,837	4,475,186	138,586.00	32.29	40.00
41.00	Medical Records & Medical Records Library	16.00	2,146,698	-522,907	1,623,791	98,073.00	16.56	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150058

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2014 6:36 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	2,716,043	-523,351	2,192,692	64,463.00	34.01	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: 150058

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2014 6:36 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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	128,953,212	-1,771,659	127,181,553	4,360,006.00	29.17	1.00
2.00	Excluded area salaries (see instructions)	7,428,245	-1,621,034	5,807,211	314,875.00	18.44	2.00
3.00	Subtotal salaries (line 1 minus line 2)	121,524,967	-150,625	121,374,342	4,045,131.00	30.01	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,995,066	0	16,995,066	325,244.00	52.25	4.00
5.00	Subtotal wage-related costs (see inst.)	34,468,095	0	34,468,095	0.00	28.40	5.00
6.00	Total (sum of lines 3 thru 5)	172,988,128	-150,625	172,837,503	4,370,375.00	39.55	6.00
7.00	Total overhead cost (see instructions)	30,290,928	18,822,398	49,113,326	1,209,020.00	40.62	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2014 6:36 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	3,933,144	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,607,340	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	19,355,230	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	298,322	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	132,298	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	371,389	14.00
15.00	'Workers' Compensation Insurance	143,045	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	9,253,811	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	198,933	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	4,738	22.00
23.00	Tuition Reimbursement	210,602	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	35,508,852	24.00
Part B - Other than Core Related Cost			
25.00	EE BON PD, SHT TM DIS, PROF CERT	468,684	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150058

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

Worksheet S-3
Part V
Date/Time Prepared:
5/27/2014 6:36 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	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/27/2014 6:36 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.258312		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		44,791,463		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		23,070,975		5.00
6.00	Medicaid charges		195,994,035		6.00
7.00	Medicaid cost (line 1 times line 6)		50,627,611		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)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		47,797		9.00
10.00	Stand-alone SCHIP charges		271,586,155		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		70,153,963		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		70,106,166		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)		185,211		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		652,993		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		168,676		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)		70,106,166		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	18,672,940	4,048,499	22,721,439	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,823,444	1,045,776	5,869,220	21.00
22.00	Partial payment by patients approved for charity care	59,528	237,886	297,414	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,763,916	807,890	5,571,806	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)		44,589,038		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,104,789		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		43,484,249		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		11,232,503		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		16,804,309		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		86,910,475		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet A Date/Time Prepared: 5/27/2014 6:36 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		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	16,509,096	16,509,096	1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	17,152,375	17,152,375	2.00
3.00 00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	964,578	1,066,212	2,030,790	26,254,850	28,285,640	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	7,223,339	84,131,346	91,354,685	-32,656,042	58,698,643	5.00
6.00 00600	MAINTENANCE & REPAIRS	481,565	3,591,664	4,073,229	-77,664	3,995,565	6.00
7.00 00700	OPERATION OF PLANT	1,437,157	4,857,515	6,294,672	-301,579	5,993,093	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,929,315	1,929,315	0	1,929,315	8.00
9.00 00900	HOUSEKEEPING	4,026,823	3,258,862	7,285,685	-1,354,196	5,931,489	9.00
10.00 01000	DIETARY	2,904,587	2,796,585	5,701,172	-3,245,565	2,455,607	10.00
11.00 01100	CAFETERIA	0	0	0	2,311,914	2,311,914	11.00
13.00 01300	NURSING ADMINISTRATION	1,217,034	406,327	1,623,361	-242,518	1,380,843	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,957,081	4,266,401	6,223,482	-1,145,344	5,078,138	14.00
15.00 01500	PHARMACY	5,216,023	18,444,559	23,660,582	-13,605,575	10,055,007	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,146,698	1,460,760	3,607,458	-522,907	3,084,551	16.00
17.00 01700	SOCIAL SERVICE	2,716,043	845,572	3,561,615	-526,351	3,035,264	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,771,659	1,771,659	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,771,499	1,809,856	5,581,355	-2,342,610	3,238,745	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	79,711	71,058	150,769	-15,525	135,244	23.00
23.01 02301	PARAMED ED	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	27,342,928	12,406,799	39,749,727	-6,539,707	33,210,020	30.00
32.00 03200	CORONARY CARE UNIT	5,127,123	3,112,197	8,239,320	-1,145,813	7,093,507	32.00
32.10 03210	NEONATAL INTENSIVE CARE UNIT	4,999,546	1,997,318	6,996,864	-848,465	6,148,399	32.10
40.00 04000	SUBPROVIDER - IPF	1,961,063	674,921	2,635,984	-409,189	2,226,795	40.00
41.00 04100	SUBPROVIDER - IRF	1,270,517	403,460	1,673,977	-203,898	1,470,079	41.00
43.00 04300	NURSERY	1,306,706	441,017	1,747,723	-248,156	1,499,567	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	12,753,988	41,387,334	54,141,322	-32,951,871	21,189,451	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,196,346	2,382,825	6,579,171	-972,593	5,606,578	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,188,113	9,603,123	17,791,236	-6,226,288	11,564,948	54.00
57.00 05700	CT SCAN	1,184,232	516,126	1,700,358	-181,894	1,518,464	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	429,147	429,147	0	429,147	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,278,560	7,587,404	8,865,964	-6,466,043	2,399,921	59.00
60.00 06000	LABORATORY	2,450,007	10,190,250	12,640,257	-645,013	11,995,244	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	2,675,706	1,374,730	4,050,436	-530,738	3,519,698	65.00
66.00 06600	PHYSICAL THERAPY	2,673,061	1,054,886	3,727,947	-467,366	3,260,581	66.00
66.01 06601	PHYSICAL THERAPY EAST BANK	1,033,455	314,781	1,348,236	-183,268	1,164,968	66.01
66.10 06601	PHYSICAL THERAPY LIVING CENTER	348,311	70,431	418,742	-45,164	373,578	66.10
67.00 06700	OCCUPATIONAL THERAPY	1,217,472	308,676	1,526,148	-203,879	1,322,269	67.00
67.10 06701	OCCUPATIONAL THERAPY LIVING CENTER	188,675	55,124	243,799	-36,166	207,633	67.10
68.00 06800	SPEECH PATHOLOGY	738,510	182,985	921,495	-114,929	806,566	68.00
68.10 06801	SPEECH THERAPY LIVING CENTER	133,234	30,723	163,957	-18,730	145,227	68.10
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,202,980	9,202,980	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,447,929	32,447,929	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,818,473	12,818,473	73.00
76.00 03020	CARDIOLOGY	943,221	617,879	1,561,100	-180,997	1,380,103	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.10 09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30 09002	HEMATOLOGY ONCOLOGY CLINIC	668,875	207,157	876,032	-101,400	774,632	90.30
90.50 09004	SLEEP DISORDERS CLINIC	558,106	403,698	961,804	-273,713	688,091	90.50
91.00 09100	EMERGENCY	8,905,434	14,294,096	23,199,530	-1,658,820	21,540,710	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	126,285,327	238,983,119	365,268,446	1,779,300	367,047,746	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00 19300	NONPAID WORKERS	756,785	671,409	1,428,194	-206,861	1,221,333	193.00
193.10 19301	HEALTH PROPERTIES	1,800,167	2,440,857	4,241,024	-519,943	3,721,081	193.10
193.40 19303	LEIGHTON CENTER	0	0	0	0	0	193.40
193.50 19305	WELLNESS CENTER	918,604	1,276,582	2,195,186	-931,351	1,263,835	193.50
193.80 19308	UNUSED SPACE	0	0	0	0	0	193.80
193.90 19309	OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91 19310	RESEARCH AND PROTOCOL	349,847	168,278	518,125	-71,913	446,212	193.91
193.92 19311	CCOP	200,211	50,750	250,961	-36,360	214,601	193.92
193.93 19312	RESEARCH ADMIN	91,340	46,324	137,664	-12,872	124,792	193.93
200.00	TOTAL (SUM OF LINES 118-199)	130,402,281	243,637,319	374,039,600	0	374,039,600	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150058

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

Worksheet A
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-4,621,217	11,887,879	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-651,058	16,501,317	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-37,120	28,248,520	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-44,846,952	13,851,691	5.00
6.00	00600	MAINTENANCE & REPAIRS	-1,855,581	2,139,984	6.00
7.00	00700	OPERATION OF PLANT	0	5,993,093	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,929,315	8.00
9.00	00900	HOUSEKEEPING	0	5,931,489	9.00
10.00	01000	DIETARY	-191,187	2,264,420	10.00
11.00	01100	CAFETERIA	-1,575,748	736,166	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,380,843	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-82,980	4,995,158	14.00
15.00	01500	PHARMACY	531,783	10,586,790	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-23,552	3,060,999	16.00
17.00	01700	SOCIAL SERVICE	0	3,035,264	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,771,659	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,238,745	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-23,060	112,184	23.00
23.01	02301	PARAMED ED	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-41,789	33,168,231	30.00
32.00	03200	CORONARY CARE UNIT	0	7,093,507	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	-81,224	6,067,175	32.10
40.00	04000	SUBPROVIDER - I PF	0	2,226,795	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,470,079	41.00
43.00	04300	NURSERY	0	1,499,567	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-39,418	21,150,033	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-19,094	5,587,484	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-88,164	11,476,784	54.00
57.00	05700	CT SCAN	-225	1,518,239	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-36,856	392,291	58.00
59.00	05900	CARDIAC CATHETERIZATION	-12,383	2,387,538	59.00
60.00	06000	LABORATORY	-348,825	11,646,419	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-205	3,519,493	65.00
66.00	06600	PHYSICAL THERAPY	-212,609	3,047,972	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	-2,100	1,162,868	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	373,578	66.10
67.00	06700	OCCUPATIONAL THERAPY	-22,815	1,299,454	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	207,633	67.10
68.00	06800	SPEECH PATHOLOGY	-320	806,246	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	145,227	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,202,980	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,447,929	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-55,167	12,763,306	73.00
76.00	03020	CARDIOLOGY	-25,000	1,355,103	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	-6,880	767,752	90.30
90.50	09004	SLEEP DISORDERS CLINIC	-5,341	682,750	90.50
91.00	09100	EMERGENCY	-9,321,917	12,218,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-63,697,004	303,350,742	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
193.00	19300	NONPAID WORKERS	0	1,221,333	193.00
193.10	19301	HEALTH PROPERTIES	0	3,721,081	193.10
193.40	19303	LEIGHTON CENTER	0	0	193.40
193.50	19305	WELLNESS CENTER	0	1,263,835	193.50
193.80	19308	UNUSED SPACE	0	0	193.80
193.90	19309	OCCUPATIONAL HEALTH	0	0	193.90
193.91	19310	RESEARCH AND PROTOCOL	0	446,212	193.91
193.92	19311	CCOP	0	214,601	193.92
193.93	19312	RESEARCH ADMIN	0	124,792	193.93
200.00		TOTAL (SUM OF LINES 118-199)	-63,697,004	310,342,596	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet Non-CMS W
		Date/Time Prepared: 5/27/2014 6:36 pm		
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
23.01	PARAMED ED	02301		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
32.00	CORONARY CARE UNIT	03200		32.00
32.10	NEONATAL INTENSIVE CARE UNIT	03210		32.10
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
66.01	PHYSICAL THERAPY EAST BANK	06602		66.01
66.10	PHYSICAL THERAPY LIVING CENTER	06601		66.10
67.00	OCCUPATIONAL THERAPY	06700		67.00
67.10	OCCUPATIONAL THERAPY LIVING CENTER	06701		67.10
68.00	SPEECH PATHOLOGY	06800		68.00
68.10	SPEECH THERAPY LIVING CENTER	06801		68.10
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.00	CARDIOLOGY	03020		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.10	FAMILY PRACTICE CLINIC	09001		90.10
90.30	HEMATOLOGY ONCOLOGY CLINIC	09002		90.30
90.50	SLEEP DISORDERS CLINIC	09004		90.50
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
193.00	NONPAID WORKERS	19300		193.00
193.10	HEALTH PROPERTIES	19301		193.10
193.40	LEIGHTON CENTER	19303		193.40
193.50	WELLNESS CENTER	19305		193.50
193.80	UNUSED SPACE	19308		193.80
193.90	OCCUPATIONAL HEALTH	19309		193.90
193.91	RESEARCH AND PROTOCOL	19310		193.91
193.92	CCOP	19311		193.92
193.93	RESEARCH ADMIN	19312		193.93
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,818,473	1.00
	TOTALS		0	12,818,473	
B - SUPPLIES CHARGED TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	41,249,647	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00	CARDIOLOGY	76.00	0	1,421	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
	TOTALS		0	41,251,068	
C - AMORTIZATION TO CAPITAL					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	116,721	1.00
	TOTALS		0	116,721	
D - INTEREST TO CAPITAL					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,039,393	1.00
	TOTALS		0	5,039,393	
G - DEFAULT					
1.00	PHYSICAL THERAPY EAST BANK	66.01	0	9,652	1.00
	TOTALS		0	9,652	
H - DEFAULT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	548,796	1.00
	TOTALS		0	548,796	
I - MEDICAL DIRECTOR RECLASS					
1.00	SUBPROVIDER - IRF	41.00	0	40,598	1.00
	TOTALS		0	40,598	
O - CAFETERIA FROM DIET SALARIES					
1.00	CAFETERIA	11.00	1,177,855	0	1.00
	TOTALS		1,177,855	0	
V - MEDICAL DIRECTOR RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	41,869	1.00
	TOTALS		0	41,869	
W - DEFAULT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	143,485	1.00
	TOTALS		0	143,485	
X - PROPERTY INSURANCE TO CAPITAL					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	369,423	1.00
	TOTALS		0	369,423	
Y - DEFAULT					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	147,942	1.00
	TOTALS		0	147,942	
AB - DEPRECIATION TO CAPITAL					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	11,465,883	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	13,780,593	2.00
	TOTALS		0	25,246,476	
AD - PROPERTY TAX ON CAPITAL EQUIPMENT					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	562,972	1.00
	TOTALS		0	562,972	
BA - IMPLANTS CHARGED TO PATIENTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	32,447,929	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	32,447,929	

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
BE - DEPARTMENTS TO BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	25,684,238	0	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
44.00		0.00	0	0	44.00	
45.00		0.00	0	0	45.00	
TOTALS			25,684,238	0		
CI - CAPITAL TO A&G						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	369,423	1.00	
TOTALS			0	369,423		
DA - DACC TP CAPITAL						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	136,754	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	822	2.00	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,610	3.00	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	427,029	4.00	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	46,229	5.00	
6.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,000	6.00	
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	424	7.00	
8.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,749	8.00	
9.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,440	9.00	
10.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,782	10.00	
11.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	39,989	11.00	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	1,605,475	12.00
13.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	33,000	13.00
14.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	24,549	14.00
15.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	43,200	15.00
16.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	6,890	16.00
17.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	174,295	17.00
18.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	38,690	18.00
19.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	75,490	19.00
20.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	136,393	20.00
	TOTALS		0	2,808,810	
DD - INTEREST EXPENSE					
1.00	INTEREST EXPENSE	113.00	0	5,039,393	1.00
	TOTALS		0	5,039,393	
IR - INTERNS SALARY FROM LN 22 TO LN 21					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,771,659	0	1.00
	TOTALS		1,771,659	0	
OO - CAFETERIA FROM DIET NON-SALARIES					
1.00	CAFETERIA	11.00	0	1,134,059	1.00
	TOTALS		0	1,134,059	
YY - PROPERTIES					
1.00	HEALTH PROPERTIES	193.10	0	112,901	1.00
	TOTALS		0	112,901	
500.00	Grand Total: Increases		28,633,752	128,249,383	500.00

RECLASSIFICATIONS

Provider CCN: 150058

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

Worksheet A-6
Date/Time Prepared:
5/27/2014 6:36 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	12,818,473	0		1.00
	TOTALS		0	12,818,473			
B - SUPPLIES CHARGED TO PATIENTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	188,729	0		1.00
2.00	PHARMACY	15.00	0	36	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	707,791	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	209,879	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	32.10	0	39,946	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	8,409	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	6,805	0		7.00
8.00	NURSERY	43.00	0	9	0		8.00
9.00	OPERATING ROOM	50.00	0	30,739,701	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	189,791	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,766,064	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	6,234,330	0		12.00
13.00	LABORATORY	60.00	0	7	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	12,455	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	227	0		15.00
16.00		0.00	0	0	0		16.00
17.00	HEMATOLOGY ONCOLOGY CLINIC	90.30	0	219	0		17.00
18.00	EMERGENCY	91.00	0	146,670	0		18.00
	TOTALS		0	41,251,068			
C - AMORTIZATION TO CAPITAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	116,721	11		1.00
	TOTALS		0	116,721			
D - INTEREST TO CAPITAL							
1.00	INTEREST EXPENSE	113.00	0	5,039,393	11		1.00
	TOTALS		0	5,039,393			
G - DEFAULT							
1.00	WELLNESS CENTER	193.50	0	9,652	0		1.00
	TOTALS		0	9,652			
H - DEFAULT							
1.00	WELLNESS CENTER	193.50	0	548,796	0		1.00
	TOTALS		0	548,796			
I - MEDICAL DIRECTOR RECLASS							
1.00	PHYSICAL THERAPY	66.00	0	40,598	0		1.00
	TOTALS		0	40,598			
O - CAFETERIA FROM DIET SALARIES							
1.00	DIETARY	10.00	1,177,855	0	0		1.00
	TOTALS		1,177,855	0			
V - MEDICAL DIRECTOR RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	41,869	0		1.00
	TOTALS		0	41,869			
W - DEFAULT							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	143,485	0		1.00
	TOTALS		0	143,485			
X - PROPERTY INSURANCE TO CAPITAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	369,423	11		1.00
	TOTALS		0	369,423			
Y - DEFAULT							
1.00	HEALTH PROPERTIES	193.10	0	147,942	0		1.00
	TOTALS		0	147,942			
AB - DEPRECIATION TO CAPITAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	25,246,476	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	25,246,476			
AD - PROPERTY TAX ON CAPITAL EQUIPMENT							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	562,972	13		1.00
	TOTALS		0	562,972			
BA - IMPLANTS CHARGED TO PATIENTS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	401,262	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	32,046,667	0		2.00
	TOTALS		0	32,447,929			
BE - DEPARTMENTS TO BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	121,669	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	1,516,314	0	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	77,664	0	0		3.00
4.00	OPERATION OF PLANT	7.00	301,579	0	0		4.00
5.00	HOUSEKEEPING	9.00	1,353,374	0	0		5.00
6.00	DIETARY	10.00	932,041	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	242,518	0	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	529,586	0	0		8.00

RECLASSIFICATIONS

Provider CCN: 150058

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

Worksheet A-6
Date/Time Prepared:
5/27/2014 6:36 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
9.00	PHARMACY	15.00	740,837	0	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	522,907	0	0	10.00	
11.00	SOCIAL SERVICE	17.00	523,351	0	0	11.00	
12.00	I&R SERVICES-OTHER PRGM	22.00	514,197	0	0	12.00	
	COSTS APPRVD						
13.00	PARAMED ED PRGM-(SPECIFY)	23.00	15,525	0	0	13.00	
14.00	ADULTS & PEDIATRICS	30.00	5,867,036	0	0	14.00	
15.00	CORONARY CARE UNIT	32.00	934,494	0	0	15.00	
16.00	NEONATAL INTENSIVE CARE UNIT	32.10	801,737	0	0	16.00	
17.00	SUBPROVIDER - IRF	41.00	237,691	0	0	17.00	
18.00	SUBPROVIDER - IPF	40.00	400,780	0	0	18.00	
19.00	NURSERY	43.00	248,147	0	0	19.00	
20.00	OPERATING ROOM	50.00	2,172,181	0	0	20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	782,802	0	0	21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	1,453,487	0	0	22.00	
23.00	CT SCAN	57.00	181,894	0	0	23.00	
24.00	CARDIAC CATHETERIZATION	59.00	198,713	0	0	24.00	
25.00	LABORATORY	60.00	645,006	0	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	493,734	0	0	26.00	
27.00	PHYSICAL THERAPY	66.00	426,541	0	0	27.00	
28.00	PHYSICAL THERAPY EAST BANK	66.01	192,920	0	0	28.00	
29.00	PHYSICAL THERAPY LIVING CENTER	66.10	45,164	0	0	29.00	
30.00	OCCUPATIONAL THERAPY	67.00	203,879	0	0	30.00	
31.00	OCCUPATIONAL THERAPY LIVING CENTER	67.10	36,166	0	0	31.00	
32.00	SPEECH PATHOLOGY	68.00	114,929	0	0	32.00	
33.00	SPEECH THERAPY LIVING CENTER	68.10	18,730	0	0	33.00	
34.00	CARDIOLOGY	76.00	139,218	0	0	34.00	
35.00	NONPAID WORKERS	193.00	35,272	0	0	35.00	
36.00	I&R SERVICES-OTHER PRGM	22.00	56,330	0	0	36.00	
	COSTS APPRVD						
37.00	HEMATOLOGY ONCOLOGY CLINIC	90.30	101,181	0	0	37.00	
38.00	SLEEP DISORDERS CLINIC	90.50	99,418	0	0	38.00	
39.00	EMERGENCY	91.00	1,473,460	0	0	39.00	
40.00	NONPAID WORKERS	193.00	164,699	0	0	40.00	
41.00	HEALTH PROPERTIES	193.10	409,412	0	0	41.00	
42.00	WELLNESS CENTER	193.50	236,510	0	0	42.00	
43.00	RESEARCH AND PROTOCOL	193.91	71,913	0	0	43.00	
44.00	CCOP	193.92	36,360	0	0	44.00	
45.00	RESEARCH ADMIN	193.93	12,872	0	0	45.00	
	TOTALS		25,684,238	0			
CI - CAPITAL TO A&G							
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	369,423	0	1.00	
	TOTALS		0	369,423			
DA - DACC TP CAPITAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	136,754	10	1.00	
2.00	HOUSEKEEPING	9.00	0	822	10	2.00	
3.00	DIETARY	10.00	0	1,610	10	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	427,029	10	4.00	
5.00	PHARMACY	15.00	0	46,229	10	5.00	
6.00	SOCIAL SERVICE	17.00	0	3,000	10	6.00	
7.00	I&R SERVICES-OTHER PRGM	22.00	0	424	10	7.00	
	COSTS APPRVD						
8.00	ADULTS & PEDIATRICS	30.00	0	6,749	10	8.00	
9.00	CORONARY CARE UNIT	32.00	0	1,440	10	9.00	
10.00	NEONATAL INTENSIVE CARE UNIT	32.10	0	6,782	10	10.00	
11.00	OPERATING ROOM	50.00	0	39,989	10	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,605,475	10	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	33,000	10	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	24,549	10	14.00	
15.00	CARDIOLOGY	76.00	0	43,200	10	15.00	
16.00	NONPAID WORKERS	193.00	0	6,890	10	16.00	
17.00	SLEEP DISORDERS CLINIC	90.50	0	174,295	10	17.00	
18.00	EMERGENCY	91.00	0	38,690	10	18.00	
19.00	HEALTH PROPERTIES	193.10	0	75,490	10	19.00	
20.00	WELLNESS CENTER	193.50	0	136,393	10	20.00	
	TOTALS		0	2,808,810			
DD - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,039,393	0	1.00	
	TOTALS		0	5,039,393			

RECLASSIFICATIONS

Provider CCN: 150058

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	IR - INTERNS SALARY FROM LN 22 TO LN 21					
1.00	I&R SERVICES-OTHER PRGM	22.00	1,771,659	0	0	1.00
	COSTS APPRVD					
	TOTALS		1,771,659	0		
	OO - CAFETERIA FROM DIET NON-SALARIES					
1.00	DIETARY	10.00	0	1,134,059	0	1.00
	TOTALS		0	1,134,059		
	YY - PROPERTIES					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	112,901	14	1.00
	TOTALS		0	112,901		
500.00	Grand Total: Decreases		28,633,752	128,249,383		500.00

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0
	TOTALS		0	TOTALS		0
B - SUPPLIES CHARGED TO PATIENTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	CENTRAL SERVICES & SUPPLY	14.00	0
2.00		0.00	0	PHARMACY	15.00	0
3.00		0.00	0	ADULTS & PEDIATRICS	30.00	0
4.00		0.00	0	CORONARY CARE UNIT	32.00	0
5.00		0.00	0	NEONATAL INTENSIVE CARE UNIT	32.10	0
6.00		0.00	0	SUBPROVIDER - IPF	40.00	0
7.00		0.00	0	SUBPROVIDER - IRF	41.00	0
8.00		0.00	0	NURSERY	43.00	0
9.00		0.00	0	OPERATING ROOM	50.00	0
10.00		0.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0
11.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0
12.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0
13.00		0.00	0	LABORATORY	60.00	0
14.00		0.00	0	RESPIRATORY THERAPY	65.00	0
15.00		0.00	0	PHYSICAL THERAPY	66.00	0
16.00	CARDIOLOGY	76.00	0		0.00	0
17.00		0.00	0	HEMATOLOGY ONCOLOGY CLINIC	90.30	0
18.00		0.00	0	EMERGENCY	91.00	0
	TOTALS		0	TOTALS		0
C - AMORTIZATION TO CAPITAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	ADMINISTRATIVE & GENERAL	5.00	0
	TOTALS		0	TOTALS		0
D - INTEREST TO CAPITAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0
	TOTALS		0	TOTALS		0
G - DEFAULT						
1.00	PHYSICAL THERAPY EAST BANK	66.01	0	WELLNESS CENTER	193.50	0
	TOTALS		0	TOTALS		0
H - DEFAULT						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	WELLNESS CENTER	193.50	0
	TOTALS		0	TOTALS		0
I - MEDICAL DIRECTOR RECLASS						
1.00	SUBPROVIDER - IRF	41.00	0	PHYSICAL THERAPY	66.00	0
	TOTALS		0	TOTALS		0
O - CAFETERIA FROM DIET SALARIES						
1.00	CAFETERIA	11.00	1,177,855	DIETARY	10.00	1,177,855
	TOTALS		1,177,855	TOTALS		1,177,855
V - MEDICAL DIRECTOR RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	ADMINISTRATIVE & GENERAL	5.00	0
	TOTALS		0	TOTALS		0
W - DEFAULT						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	ADMINISTRATIVE & GENERAL	5.00	0
	TOTALS		0	TOTALS		0
X - PROPERTY INSURANCE TO CAPITAL						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	ADMINISTRATIVE & GENERAL	5.00	0
	TOTALS		0	TOTALS		0
Y - DEFAULT						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	HEALTH PROPERTIES	193.10	0
	TOTALS		0	TOTALS		0
AB - DEPRECIATION TO CAPITAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	ADMINISTRATIVE & GENERAL	5.00	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0
	TOTALS		0	TOTALS		0
AD - PROPERTY TAX ON CAPITAL EQUIPMENT						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	ADMINISTRATIVE & GENERAL	5.00	0
	TOTALS		0	TOTALS		0
BA - IMPLANTS CHARGED TO PATIENTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0
2.00		0.00	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0
	TOTALS		0	TOTALS		0

RECLASSIFICATIONS

Provider CCN: 150058

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases			Decreases				
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
BE - DEPARTMENTS TO BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	25,684,238	EMPLOYEE BENEFITS DEPARTMENT	4.00	121,669	1.00
2.00		0.00		ADMINISTRATIVE & GENERAL	5.00	1,516,314	2.00
3.00		0.00		MAINTENANCE & REPAIRS	6.00	77,664	3.00
4.00		0.00		OPERATION OF PLANT	7.00	301,579	4.00
5.00		0.00		HOUSEKEEPING	9.00	1,353,374	5.00
6.00		0.00		DIETARY	10.00	932,041	6.00
7.00		0.00		NURSING ADMINISTRATION	13.00	242,518	7.00
8.00		0.00		CENTRAL SERVICES & SUPPLY	14.00	529,586	8.00
9.00		0.00		PHARMACY	15.00	740,837	9.00
10.00		0.00		MEDICAL RECORDS & LIBRARY	16.00	522,907	10.00
11.00		0.00		SOCIAL SERVICE	17.00	523,351	11.00
12.00		0.00		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	514,197	12.00
13.00		0.00		PARAMED ED PRGM-(SPECIFY)	23.00	15,525	13.00
14.00		0.00		ADULTS & PEDIATRICS	30.00	5,867,036	14.00
15.00		0.00		CORONARY CARE UNIT	32.00	934,494	15.00
16.00		0.00		NEONATAL INTENSIVE CARE UNIT	32.10	801,737	16.00
17.00		0.00		SUBPROVIDER - IRF	41.00	237,691	17.00
18.00		0.00		SUBPROVIDER - IPF	40.00	400,780	18.00
19.00		0.00		NURSERY	43.00	248,147	19.00
20.00		0.00		OPERATING ROOM	50.00	2,172,181	20.00
21.00		0.00		DELIVERY ROOM & LABOR ROOM	52.00	782,802	21.00
22.00		0.00		RADIOLOGY-DIAGNOSTIC	54.00	1,453,487	22.00
23.00		0.00		OCT SCAN	57.00	181,894	23.00
24.00		0.00		CARDIAC CATHETERIZATION	59.00	198,713	24.00
25.00		0.00		LABORATORY	60.00	645,006	25.00
26.00		0.00		RESPIRATORY THERAPY	65.00	493,734	26.00
27.00		0.00		PHYSICAL THERAPY	66.00	426,541	27.00
28.00		0.00		PHYSICAL THERAPY EAST BANK CENTER	66.01	192,920	28.00
29.00		0.00		PHYSICAL THERAPY LIVING CENTER	66.10	45,164	29.00
30.00		0.00		OCCUPATIONAL THERAPY	67.00	203,879	30.00
31.00		0.00		OCCUPATIONAL THERAPY LIVING CENTER	67.10	36,166	31.00
32.00		0.00		SPEECH PATHOLOGY	68.00	114,929	32.00
33.00		0.00		SPEECH THERAPY LIVING CENTER	68.10	18,730	33.00
34.00		0.00		CARDIOLOGY	76.00	139,218	34.00
35.00		0.00		NONPAID WORKERS	193.00	35,272	35.00
36.00		0.00		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	56,330	36.00
37.00		0.00		HEMATOLOGY ONCOLOGY CLINIC	90.30	101,181	37.00
38.00		0.00		SLEEP DISORDERS CLINIC	90.50	99,418	38.00
39.00		0.00		EMERGENCY	91.00	1,473,460	39.00
40.00		0.00		NONPAID WORKERS	193.00	164,699	40.00
41.00		0.00		HEALTH PROPERTIES	193.10	409,412	41.00
42.00		0.00		WELLNESS CENTER	193.50	236,510	42.00
43.00		0.00		RESEARCH AND PROTOCOL	193.91	71,913	43.00
44.00		0.00		CCOP	193.92	36,360	44.00
45.00		0.00		RESEARCH ADMIN	193.93	12,872	45.00
TOTALS			25,684,238	TOTALS		25,684,238	
CI - CAPITAL TO A&G							
1.00	ADMINISTRATIVE & GENERAL	5.00		OTHER CAPITAL RELATED COSTS	3.00		1.00
TOTALS				TOTALS			
DA - DACC TP CAPITAL							
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		HOUSEKEEPING	9.00	0	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		DIETARY	10.00	0	3.00
4.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		PHARMACY	15.00	0	5.00
6.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		SOCIAL SERVICE	17.00	0	6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	7.00
8.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		ADULTS & PEDIATRICS	30.00	0	8.00
9.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		CORONARY CARE UNIT	32.00	0	9.00
10.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		NEONATAL INTENSIVE CARE UNIT	32.10	0	10.00

Increases				Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
11.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		OPERATING ROOM	50.00		11.00
12.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		RADIOLOGY-DIAGNOSTIC	54.00		12.00
13.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		CARDIAC CATHETERIZATION	59.00		13.00
14.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		RESPIRATORY THERAPY	65.00		14.00
15.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		CARDIOLOGY	76.00		15.00
16.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		NONPAID WORKERS	193.00		16.00
17.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		SLEEP DISORDERS CLINIC	90.50		17.00
18.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		EMERGENCY	91.00		18.00
19.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		HEALTH PROPERTIES	193.10		19.00
20.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		WELLNESS CENTER	193.50		20.00
	TOTALS			TOTALS			0
DD - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00		ADMINISTRATIVE & GENERAL	5.00		1.00
	TOTALS			TOTALS			0
IR - INTERNS SALARY FROM LN 22 TO LN 21							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,771,659	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,771,659	1.00
	TOTALS		1,771,659	TOTALS		1,771,659	
OO - CAFETERIA FROM DIET NON-SALARIES							
1.00	CAFETERIA	11.00		DIETARY	10.00		1.00
	TOTALS			TOTALS			0
YY - PROPERTIES							
1.00	HEALTH PROPERTIES	193.10		NEW CAP REL COSTS-BLDG & FLXT	1.00		1.00
	TOTALS			TOTALS			0
500.00	Grand Total: Increases		28,633,752	Grand Total: Decreases		28,633,752	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150058

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

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2014 6:36 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	20,935,306	987,361	0	987,361	0	1.00
2.00	Land Improvements	3,039,758	6,600	0	6,600	0	2.00
3.00	Buildings and Fixtures	338,561,534	41,720,994	0	41,720,994	9,645	3.00
4.00	Building Improvements	722,092	129,907	0	129,907	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	228,354,193	27,133,255	0	27,133,255	384,018	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	591,612,883	69,978,117	0	69,978,117	393,663	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	591,612,883	69,978,117	0	69,978,117	393,663	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	21,922,667	0				1.00
2.00	Land Improvements	3,046,358	0				2.00
3.00	Buildings and Fixtures	380,272,883	0				3.00
4.00	Building Improvements	851,999	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	255,103,430	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	661,197,337	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	661,197,337	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150058

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150058

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

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2014 6:36 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	363,258,691	0	363,258,691	0.614014	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	228,354,193	0	228,354,193	0.385986	0	2.00
3.00	Total (sum of lines 1-2)	591,612,884	0	591,612,884	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	10,493,261	190,572	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	13,780,593	3,888,565	2.00
3.00	Total (sum of lines 1-2)	0	0	0	24,273,854	4,079,137	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,686,630	0	0	-2,482,584	11,887,879	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-1,730,813	0	562,972	0	16,501,317	2.00
3.00	Total (sum of lines 1-2)	1,955,817	0	562,972	-2,482,584	28,389,196	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150058

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

Worksheet A-8

Date/Time Prepared:
5/27/2014 6:36 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)			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-20,221	ADMINISTRATIVE & GENERAL		5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-781,674	ADMINISTRATIVE & GENERAL		5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-12,703,095				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-586,074				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,345,833	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	-13,383	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	B	-1,099,578	ADMINISTRATIVE & GENERAL		5.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150058

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

Worksheet A-8

Date/Time Prepared:
5/27/2014 6:36 pm

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		4.00
33.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.00
33.01	MEDICAL EDUCATION CME REVENUE	B	-5,102	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	OTHER REVENUE - PEDS	B	-1,399	ADULTS & PEDIATRICS	30.00	0	33.02
33.03	OTHER REVENUE - PEDS HEM/ONC	B	-3,440	HEMATOLOGY ONCOLOGY CLINIC	90.30	0	33.03
33.04	OTHER REVENUE - CBU	B	-9,885	DELIVERY ROOM & LABOR ROOM	52.00	0	33.04
33.05	TAXABLE SALES - FCMC	B	-5,373	ADULTS & PEDIATRICS	30.00	0	33.05
33.06	OTHER REVENUE - MRI	B	-36,856	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.06
33.07	OTHER REVENUE - RAD ADMIN	B	-658	RADIOLOGY-DIAGNOSTIC	54.00	0	33.07
33.08	CONTRACTED SERVICES	B	-290,845	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09	INSTITUTION MEMBERSHIP	B	585	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.11	INTEREST INCOME - WORKING CAPITAL	B	-286,672	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	33.11
33.15	PROGRAM MEAL OFFSET	B	-140,673	DIETARY	10.00	0	33.15
33.16	VISITOR MEAL OFFSET	B	-229,915	CAFETERIA	11.00	0	33.16
33.18	OTHER REVENUE - PICU TRANSPORT	B	-12,180	ADULTS & PEDIATRICS	30.00	0	33.18
33.19	OTHER REVENUE - REHAB ADMIN	B	-650	PHYSICAL THERAPY	66.00	0	33.19
33.22	OTHER REVENUE - RADIOLOGY DIAGN	B	-3,488	RADIOLOGY-DIAGNOSTIC	54.00	0	33.22
33.23	OTHER REVENUE - MED ED	B	-4,278	ADMINISTRATIVE & GENERAL	5.00	0	33.23
33.24	OTHER REVENUE - NICU	B	-1,826	NEONATAL INTENSIVE CARE UNIT	32.10	0	33.24
33.26	OTHER REVENUE - NEONATAL SERVICES	B	-7,693	NEONATAL INTENSIVE CARE UNIT	32.10	0	33.26
33.28	PACE CONSULTING AMORTIZATION	A	1,350	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	33.28
33.30	OTHER REVENUE - DRIVER'S EDUCATION	B	-22,815	OCCUPATIONAL THERAPY	67.00	0	33.30
33.31	OTHER REVENUE BCC	B	1,870	RADIOLOGY-DIAGNOSTIC	54.00	0	33.31
33.35	NONALLOWABLE CAPITALIZED INTEREST	A	-13,123	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	33.35
33.39	PACE COMPONENT DEPREC 29 V 23 Y	A	35,087	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	33.39
33.42	EXCESS CAPITALIZED INTEREST PAC	A	-9,762	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	33.42
33.46	ALLOWABLE CAPITALIZED INTEREST	A	10,626	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	33.46
33.48	NONALLOWABLE CAPITALIZED INTEREST	A	-3,092	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	33.48
33.50	INCORRECT LIFING ON ASBESTOS AN	A	-11,357	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	33.50
33.55	OTHER REVENUE - RENT	B	-2,391,033	NEW CAP REL COSTS-BLDG & FIXT	1.00	14	33.55
33.57	MEMBERSHIP REVENUE	B	-9,943	ADMINISTRATIVE & GENERAL	5.00	0	33.57
33.58	SPECIAL PROGRAM REVENUE	B	-3,332,272	ADMINISTRATIVE & GENERAL	5.00	0	33.58
33.59	SEMINAR REVENUE	B	-37,120	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.59
33.63	STERILIZATION REVENUE	B	-9,209	DELIVERY ROOM & LABOR ROOM	52.00	0	33.63
33.66	OTHER REVENUE - NUTRITIONAL SERVICES	B	-50,514	DIETARY	10.00	0	33.66
33.71	OTHER REVENUE - SURGERY	B	-1,750	OPERATING ROOM	50.00	0	33.71
33.76	OTHER REVENUE - CATH LAB	B	-12,383	CARDIAC CATHETERIZATION	59.00	0	33.76
33.88	OTHER REVENUE - SBCSC PT	B	-209,663	PHYSICAL THERAPY	66.00	0	33.88
33.94	EDUC SERVICES EMS	B	-23,060	PARAMED ED PRGM-(SPECIFY)	23.00	0	33.94
33.96	PARKING GARAGE - OPERATING	A	-39,276	ADMINISTRATIVE & GENERAL	5.00	0	33.96
33.97	PARKING GARAGE - CAPITAL	A	-12,489	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	33.97
34.02	NON ALLOWABLE 1999 INTEREST	A	-1,502,779	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	34.02
34.03	NON ALLOWABLE 1999 INTEREST	A	-1,444,141	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	34.03
34.04	ALLOWABLE BIC FOR 1999	A	33,295	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	34.04
34.23	ADMISSION REVENUE	B	-40,251	ADMINISTRATIVE & GENERAL	5.00	0	34.23
34.31	SKYWAY INTEREST AMORTIZATION	A	3,580	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	34.31
34.36	OLD CAPITAL - BUILDING	A	26,893	NEW CAP REL COSTS-BLDG & FIXT	1.00	14	34.36
34.37	NEW CAPITAL BUILDING	A	-5,543	NEW CAP REL COSTS-BLDG & FIXT	1.00	14	34.37
35.02	OTHER REVENUE - AMBULANCE SUPPL	B	-82,980	CENTRAL SERVICES & SUPPLY	14.00	0	35.02

Provider CCN: 150058

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

Worksheet A-8

Date/Time Prepared:
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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		
36.00 AFFILIATE RENT	B	-972,622	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	36.00
36.05 BAD DEBT	A	-35,209,387	ADMINISTRATIVE & GENERAL	5.00	0	36.05
36.18 TRUSTEE FEES	A	-89,868	ADMINISTRATIVE & GENERAL	5.00	0	36.18
36.22 NON ALLOWABLE PERSONAL AUTO	A	-3,356	ADMINISTRATIVE & GENERAL	5.00	0	36.22
36.23 CONTRIBUTIONS	A	-729,261	ADMINISTRATIVE & GENERAL	5.00	0	36.23
36.24 LIFE INSURANCE	A	360	ADMINISTRATIVE & GENERAL	5.00	0	36.24
36.25 NON-ALLOWED EXPENSES	A	-17,065	ADMINISTRATIVE & GENERAL	5.00	0	36.25
36.26 ENTRY FEES	B	-351,255	ADMINISTRATIVE & GENERAL	5.00	0	36.26
37.00 OTHER REVENUE - MATERNAL CHILD ADMIN	B	-17,194	ADULTS & PEDIATRICS	30.00	0	37.00
37.01 OTHER REVENUE - OSTC	B	-2,100	PHYSICAL THERAPY EAST BANK	66.01	0	37.01
37.03 OTHER REV - TRAUMA SVCS	B	-40,119	EMERGENCY	91.00	0	37.03
39.00 OTHER REVENUE - TEAM PHARMACY	B	531,783	PHARMACY	15.00	14	39.00
40.00 OTHER REVENUE - PEDS REHAB STFF	B	-320	SPEECH PATHOLOGY	68.00	0	40.00
41.00 OTHER REVENUE - FCMC	B	-5,643	ADULTS & PEDIATRICS	30.00	0	41.00
42.00 OTHER REVENUE - PULMONARY MED/SURG	B	-205	RESPIRATORY THERAPY	65.00	0	42.00
44.02 OTHER REVENUE - PEDIATRIC ONCOLOGY	B	-3,440	HEMATOLOGY ONCOLOGY CLINIC	90.30	0	44.02
44.06 OTHER REVENUE - PHARMACY	B	-45,252	DRUGS CHARGED TO PATIENTS	73.00	0	44.06
45.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-63,697,004				50.00

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

Provider CCN: 150058

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2014 6:36 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0.00	HOME OFFICE OLD CAP-BUILD	0	0	1.00
2.00	0.00	HOME OFFICE OLD CAP-EQUIP	0	0	2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIX	189,752	0	3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	1,079,755	0	4.00
4.01	6.00	MAINTENANCE & REPAIRS	22,473,028	0	4.01
4.02	6.00	MAINTENANCE & REPAIRS	0	24,328,609	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		23,742,535	24,328,609	5.00

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

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

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

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

6.00	B	MEM HLTH SYSTEM	65.21	MHSB	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150058

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2014 6:36 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	0	0	1.00
2.00	0	0	2.00
3.00	189,752	10	3.00
4.00	1,079,755	10	4.00
4.01	22,473,028	0	4.01
4.02	-24,328,609	0	4.02
5.00	-586,074		5.00

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

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

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150058

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2014 6:36 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	DR. W	32,750	0	32,750	136,700	262	1.00
2.00	76.00	AGGREGATE-CARDIOLOGY	25,000	25,000	0	0	0	2.00
3.00	91.00	DR. S	12,650	0	12,650	136,700	110	3.00
4.00	91.00	DR. S	313,234	0	313,234	136,700	1,852	4.00
5.00	91.00	DR. T	343,800	0	343,800	136,700	1,716	5.00
6.00	5.00	DR. N	178,325	0	178,325	136,700	1,019	6.00
7.00	32.10	DR. O	21,848	0	21,848	152,100	133	7.00
8.00	90.50	DR. E	10,270	0	10,270	136,700	75	8.00
9.00	73.00	DR. T	17,670	0	17,670	136,700	118	9.00
10.00	66.00	DR. C	3,370	0	3,370	136,700	29	10.00
11.00	50.00	DR. S	6,154	0	6,154	136,700	36	11.00
12.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,641,046	2,641,046	0	0	0	12.00
13.00	66.00	DR. L	1,818	0	1,818	136,700	15	13.00
14.00	50.00	DR. C	30,000	0	30,000	136,700	200	14.00
15.00	16.00	DR. BC	16,313	0	16,313	136,700	99	15.00
16.00	60.00	DR. BM	558,607	0	558,607	136,700	3,192	16.00
17.00	54.00	DR. R	48,000	0	48,000	136,700	293	17.00
18.00	16.00	DR. BC	625	0	625	136,700	4	18.00
19.00	54.00	DR. F	40,845	0	40,845	136,700	272	19.00
20.00	5.00	DR. F	120,670	0	120,670	136,700	1,049	20.00
21.00	50.00	DR. H	30,300	0	30,300	136,700	202	21.00
22.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	34,000	34,000	0	0	0	22.00
23.00	57.00	AGGREGATE-CT SCAN	225	225	0	0	0	23.00
24.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	175	175	0	0	0	24.00
25.00	91.00	AGGREGATE-EMERGENCY	2,090,850	2,090,850	0	0	0	25.00
26.00	91.00	AGGREGATE-EMERGENCY	6,762,987	6,762,987	0	0	0	26.00
27.00	5.00	DR. H	8,220	0	8,220	136,700	55	27.00
28.00	32.10	AGGREGATE-NEONATAL INTENSIVE CARE UN	59,583	59,583	0	0	0	28.00
200.00			13,409,335	11,613,866	1,795,469		10,731	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	DR. W	17,219	861	0	0	0	1.00
2.00	76.00	AGGREGATE-CARDIOLOGY	0	0	0	0	0	2.00
3.00	91.00	DR. S	7,229	361	0	0	0	3.00
4.00	91.00	DR. S	121,716	6,086	0	0	0	4.00
5.00	91.00	DR. T	112,778	5,639	0	0	0	5.00
6.00	5.00	DR. N	66,970	3,349	0	0	0	6.00
7.00	32.10	DR. O	9,726	486	0	0	0	7.00
8.00	90.50	DR. E	4,929	246	0	0	0	8.00
9.00	73.00	DR. T	7,755	388	0	0	0	9.00
10.00	66.00	DR. C	1,906	95	0	0	0	10.00
11.00	50.00	DR. S	2,366	118	0	0	0	11.00
12.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	12.00
13.00	66.00	DR. L	986	49	0	0	0	13.00
14.00	50.00	DR. C	13,144	657	0	0	0	14.00
15.00	16.00	DR. BC	6,506	325	0	0	0	15.00
16.00	60.00	DR. BM	209,782	10,489	0	0	0	16.00
17.00	54.00	DR. R	19,256	963	0	0	0	17.00
18.00	16.00	DR. BC	263	13	0	0	0	18.00
19.00	54.00	DR. F	17,876	894	0	0	0	19.00
20.00	5.00	DR. F	68,942	3,447	0	0	0	20.00
21.00	50.00	DR. H	13,276	664	0	0	0	21.00
22.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	22.00
23.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	23.00
24.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	24.00
25.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	25.00
26.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	26.00
27.00	5.00	DR. H	3,615	181	0	0	0	27.00
28.00	32.10	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	0	0	28.00
200.00			706,240	35,311	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150058

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2014 6:36 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	DR. W	0	17,219	15,531	15,531		1.00
2.00	76.00	AGGREGATE-CARDIOLOGY	0	0	0	25,000		2.00
3.00	91.00	DR. S	0	7,229	5,421	5,421		3.00
4.00	91.00	DR. S	0	121,716	191,518	191,518		4.00
5.00	91.00	DR. T	0	112,778	231,022	231,022		5.00
6.00	5.00	DR. N	0	66,970	111,355	111,355		6.00
7.00	32.10	DR. O	0	9,726	12,122	12,122		7.00
8.00	90.50	DR. E	0	4,929	5,341	5,341		8.00
9.00	73.00	DR. T	0	7,755	9,915	9,915		9.00
10.00	66.00	DR. C	0	1,906	1,464	1,464		10.00
11.00	50.00	DR. S	0	2,366	3,788	3,788		11.00
12.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	2,641,046		12.00
13.00	66.00	DR. L	0	986	832	832		13.00
14.00	50.00	DR. C	0	13,144	16,856	16,856		14.00
15.00	16.00	DR. BC	0	6,506	9,807	9,807		15.00
16.00	60.00	DR. BM	0	209,782	348,825	348,825		16.00
17.00	54.00	DR. R	0	19,256	28,744	28,744		17.00
18.00	16.00	DR. BC	0	263	362	362		18.00
19.00	54.00	DR. F	0	17,876	22,969	22,969		19.00
20.00	5.00	DR. F	0	68,942	51,728	51,728		20.00
21.00	50.00	DR. H	0	13,276	17,024	17,024		21.00
22.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	34,000		22.00
23.00	57.00	AGGREGATE-CT SCAN	0	0	0	225		23.00
24.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	175		24.00
25.00	91.00	AGGREGATE-EMERGENCY	0	0	0	2,090,850		25.00
26.00	91.00	AGGREGATE-EMERGENCY	0	0	0	6,762,987		26.00
27.00	5.00	DR. H	0	3,615	4,605	4,605		27.00
28.00	32.10	AGGREGATE-NEONATAL INTENSIVE CARE UN	0	0	0	59,583		28.00
200.00			0	706,240	1,089,229	12,703,095		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	11,887,879	11,887,879			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	16,501,317		16,501,317		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	28,248,520	44,166	61,305	28,353,991	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	13,851,691	1,071,400	1,487,188	1,557,801	5.00
6.00 00600	MAINTENANCE & REPAIRS	2,139,984	35,303	49,004	110,250	6.00
7.00 00700	OPERATION OF PLANT	5,993,093	1,779,596	2,470,221	309,970	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,929,315	1,608	2,233	0	8.00
9.00 00900	HOUSEKEEPING	5,931,489	227,802	316,207	729,750	9.00
10.00 01000	DIETARY	2,264,420	193,401	268,456	216,920	10.00
11.00 01100	CAFETERIA	736,166	46,563	64,633	321,510	11.00
13.00 01300	NURSING ADMINISTRATION	1,380,843	185,369	257,307	266,006	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,995,158	315,043	437,305	389,652	14.00
15.00 01500	PHARMACY	10,586,790	100,369	139,320	1,221,556	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,060,999	56,888	78,965	443,233	16.00
17.00 01700	SOCIAL SERVICE	3,035,264	43,865	60,888	598,522	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,771,659	0	0	483,596	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,238,745	165,870	230,241	390,148	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	112,184	39,973	55,486	17,520	23.00
23.01 02301	PARAMED ED	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	33,168,231	2,176,332	3,020,914	5,862,131	30.00
32.00 03200	CORONARY CARE UNIT	7,093,507	180,502	250,551	1,144,428	32.00
32.10 03210	NEONATAL INTENSIVE CARE UNIT	6,067,175	88,435	122,755	1,145,842	32.10
40.00 04000	SUBPROVIDER - I PF	2,226,795	131,615	182,692	425,898	40.00
41.00 04100	SUBPROVIDER - I RF	1,470,079	122,400	169,901	281,922	41.00
43.00 04300	NURSERY	1,499,567	47,600	66,073	288,946	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	21,150,033	1,097,603	1,523,560	2,888,431	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,587,484	374,879	520,361	931,768	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,476,784	613,514	851,606	1,838,297	54.00
57.00 05700	CT SCAN	1,518,239	30,084	41,759	273,600	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	392,291	44,404	61,637	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,387,538	174,130	241,707	294,757	59.00
60.00 06000	LABORATORY	11,646,419	114,368	158,752	492,697	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	3,519,493	105,381	146,277	595,595	65.00
66.00 06600	PHYSICAL THERAPY	3,047,972	122,805	170,462	613,215	66.00
66.01 06601	PHYSICAL THERAPY EAST BANK	1,162,868	0	0	229,434	66.01
66.10 06601	PHYSICAL THERAPY LIVING CENTER	373,578	0	0	82,748	66.10
67.00 06700	OCCUPATIONAL THERAPY	1,299,454	81,482	113,104	276,672	67.00
67.10 06701	OCCUPATIONAL THERAPY LIVING CENTER	207,633	0	0	41,629	67.10
68.00 06800	SPEECH PATHOLOGY	806,246	3,611	5,013	170,214	68.00
68.10 06801	SPEECH THERAPY LIVING CENTER	145,227	0	0	31,255	68.10
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,202,980	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	32,447,929	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,763,306	0	0	0	73.00
76.00 03020	CARDIOLOGY	1,355,103	75,702	105,081	219,462	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.10 09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30 09002	HEMATOLOGY ONCOLOGY CLINIC	767,752	97,131	134,826	154,959	90.30
90.50 09004	SLEEP DISORDERS CLINIC	682,750	0	0	125,204	90.50
91.00 09100	EMERGENCY	12,218,793	363,702	504,848	2,028,646	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	303,350,742	10,352,896	14,370,638	27,494,184	298,825,273
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	49,406	68,580	0	117,986
193.00 19300	NONPAID WORKERS	1,221,333	1,412,864	1,961,167	151,989	4,747,353
193.10 19301	HEALTH PROPERTIES	3,721,081	0	0	379,623	4,100,704
193.40 19303	LEIGHTON CENTER	0	65,397	90,777	0	156,174
193.50 19305	WELLNESS CENTER	1,263,835	0	0	186,186	1,450,021
193.80 19308	UNUSED SPACE	0	0	0	0	0
193.90 19309	OCCUPATIONAL HEALTH	0	0	0	0	0
193.91 19310	RESEARCH AND PROTOCOL	446,212	0	0	75,865	522,077
193.92 19311	CCOP	214,601	2,833	3,932	44,725	266,091

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
193.93 19312 RESEARCH ADMIN	124,792	4,483	6,223	21,419	156,917	193.93
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	310,342,596	11,887,879	16,501,317	28,353,991	310,342,596	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/27/2014 6:36 pm			
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	17,968,080			5.00	
6.00	00600	MAINTENANCE & REPAIRS	143,472	2,478,013		6.00	
7.00	00700	OPERATION OF PLANT	648,538	410,716	11,612,134	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	118,804	371	2,085	2,054,416	8.00
9.00	00900	HOUSEKEEPING	442,806	52,575	295,316	0	7,995,945
10.00	01000	DIETARY	180,877	44,635	250,720	0	10,463
11.00	01100	CAFETERIA	71,834	10,746	60,363	0	0
13.00	01300	NURSING ADMINISTRATION	128,414	42,782	240,307	0	35,863
14.00	01400	CENTRAL SERVICES & SUPPLY	377,165	72,709	408,413	20,672	133,579
15.00	01500	PHARMACY	740,424	23,164	130,115	0	447,707
16.00	01600	MEDICAL RECORDS & LIBRARY	223,705	13,129	73,748	0	10,206
17.00	01700	SOCIAL SERVICE	229,756	10,124	56,865	0	132,086
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	138,599	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	247,361	38,281	215,029	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	13,838	9,225	51,820	0	0
23.01	02301	PARAMED ED	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,717,963	502,282	2,821,329	716,130	3,114,008
32.00	03200	CORONARY CARE UNIT	532,761	41,658	233,998	58,146	276,415
32.10	03210	NEONATAL INTENSIVE CARE UNIT	456,262	20,410	114,645	64,765	129,245
40.00	04000	SUBPROVIDER - IPF	182,340	30,376	170,622	29,835	23,292
41.00	04100	SUBPROVIDER - IRF	125,635	28,249	158,676	77,188	308,433
43.00	04300	NURSERY	116,901	10,986	61,708	19,348	177,657
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,638,394	253,318	1,422,901	277,186	369,950
52.00	05200	DELIVERY ROOM & LABOR ROOM	455,665	86,519	485,982	95,925	308,639
54.00	05400	RADIOLOGY-DIAGNOSTIC	908,332	141,594	795,342	187,555	649,078
57.00	05700	CT SCAN	114,534	6,943	39,000	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	30,625	10,248	57,564	8,045	0
59.00	05900	CARDIAC CATHETERIZATION	190,399	40,188	225,738	80,142	106,518
60.00	06000	LABORATORY	762,806	26,395	148,263	0	213,958
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	268,363	24,321	136,613	0	0
66.00	06600	PHYSICAL THERAPY	243,025	28,342	159,200	37,013	96,114
66.01	06602	PHYSICAL THERAPY EAST BANK	85,565	0	0	0	0
66.10	06601	PHYSICAL THERAPY LIVING CENTER	28,044	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	108,821	18,805	105,631	0	4,505
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	15,319	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	60,539	833	4,682	0	27,985
68.10	06801	SPEECH THERAPY LIVING CENTER	10,846	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	565,578	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,994,120	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	784,382	0	0	0	0
76.00	03020	CARDIOLOGY	107,877	17,471	98,138	0	11,580
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	70,961	22,417	125,918	33,197	104,755
90.50	09004	SLEEP DISORDERS CLINIC	49,654	0	0	10,980	0
91.00	09100	EMERGENCY	928,968	83,939	471,493	146,026	170,966
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,260,272	2,123,751	9,622,224	1,862,153	6,863,002
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,251	11,403	64,049	0	0
193.00	19300	NONPAID WORKERS	291,753	326,077	1,831,597	0	1,126,256
193.10	19301	HEALTH PROPERTIES	252,013	0	0	0	0
193.40	19303	LEIGHTON CENTER	9,598	15,093	84,779	0	6,687
193.50	19305	WELLNESS CENTER	89,112	0	0	192,263	0
193.80	19308	UNUSED SPACE	0	0	0	0	0
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	0
193.91	19310	RESEARCH AND PROTOCOL	32,085	0	0	0	0
193.92	19311	CCOP	16,353	654	3,673	0	0
193.93	19312	RESEARCH ADMIN	9,643	1,035	5,812	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	17,968,080	2,478,013	11,612,134	2,054,416	7,995,945

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	3,429,892					10.00
11.00	01100	0	1,311,815				11.00
13.00	01300	0	12,583	2,549,474			13.00
14.00	01400	0	32,239	0	7,181,935		14.00
15.00	01500	0	46,594	0	0	13,436,039	15.00
16.00	01600	0	32,504	13,941	0	0	16.00
17.00	01700	0	32,711	9,727	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	31,672	0	0	1,402	22.00
23.00	02300	0	1,051	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,789,834	362,278	1,084,183	0	24,364	30.00
32.00	03200	283,296	57,360	223,303	0	477	32.00
32.10	03210	0	46,909	180,489	0	4,249	32.10
40.00	04000	216,030	25,548	63,737	0	51	40.00
41.00	04100	140,732	14,289	46,180	0	79	41.00
43.00	04300	0	14,969	44,727	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	132,715	352,317	0	2,284	50.00
52.00	05200	0	45,828	153,703	0	20	52.00
54.00	05400	0	90,491	59,747	0	8,544	54.00
57.00	05700	0	11,142	14	0	10	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	12,133	19,262	0	484	59.00
60.00	06000	0	40,220	0	0	32	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	29,795	111	0	1,634	65.00
66.00	06600	0	25,150	0	0	695	66.00
66.01	06602	0	11,984	0	0	1	66.01
66.10	06601	0	2,832	0	0	0	66.10
67.00	06700	0	12,069	0	0	0	67.00
67.10	06701	0	2,067	0	0	0	67.10
68.00	06800	0	6,922	0	0	3	68.00
68.10	06801	0	1,131	0	0	0	68.10
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	7,181,935	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	13,375,096	73.00
76.00	03020	0	8,769	16,954	0	601	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.10	09001	0	0	0	0	0	90.10
90.30	09002	0	6,151	23,810	0	256	90.30
90.50	09004	0	6,003	0	0	0	90.50
91.00	09100	0	91,746	233,490	0	14,466	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		3,429,892	1,247,855	2,525,695	7,181,935	13,434,748	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
193.00	19300	0	13,722	3,320	0	911	193.00
193.10	19301	0	27,799	12,074	0	362	193.10
193.40	19303	0	0	0	0	0	193.40
193.50	19305	0	15,024	0	0	0	193.50
193.80	19308	0	0	0	0	0	193.80
193.90	19309	0	0	0	0	0	193.90
193.91	19310	0	4,042	8,385	0	0	193.91
193.92	19311	0	2,454	0	0	18	193.92
193.93	19312	0	919	0	0	0	193.93
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		3,429,892	1,311,815	2,549,474	7,181,935	13,436,039	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,007,318					16.00
17.00 01700 SOCIAL SERVICE	0	4,209,808				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,393,854			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	4,558,749		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	301,097	23.00
23.01 02301 PARAMED ED	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	561,550	2,647,155	1,755,572	3,343,231		30.00
32.00 03200 CORONARY CARE UNIT	52,287	259,642	0	0		32.00
32.10 03210 NEONATAL INTENSIVE CARE UNIT	18,792	149,517	51,531	98,134		32.10
40.00 04000 SUBPROVIDER - IPF	0	275,488	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	17,255	150,938	0	0		41.00
43.00 04300 NURSERY	12,528	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	956,315	1,115	228,376	434,910		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	9,742	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	718,658	0	28,108	53,527		54.00
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	323,542	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0	80,810	153,891		65.00
66.00 06600 PHYSICAL THERAPY	448,758	0	0	0		66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	0	0	0		66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0		66.10
67.00 06700 OCCUPATIONAL THERAPY	111,216	0	0	0		67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0		67.10
68.00 06800 SPEECH PATHOLOGY	51,428	0	0	0		68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	0	0	0		68.10
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
76.00 03020 RADIOLOGY	301,416	0	85,495	162,812		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0		90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0	0	0		90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	2,342	4,461		90.30
90.50 09004 SLEEP DISORDERS CLINIC	0	66,202	0	0		90.50
91.00 09100 EMERGENCY	433,573	650,009	154,593	294,401	301,097	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,007,318	4,209,808	2,386,827	4,545,367	301,097	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
193.00 19300 NONPAID WORKERS	0	0	7,027	13,382		193.00
193.10 19301 HEALTH PROPERTIES	0	0	0	0		193.10
193.40 19303 LEIGHTON CENTER	0	0	0	0		193.40
193.50 19305 WELLNESS CENTER	0	0	0	0		193.50
193.80 19308 UNUSED SPACE	0	0	0	0		193.80
193.90 19309 OCCUPATIONAL HEALTH	0	0	0	0		193.90
193.91 19310 RESEARCH AND PROTOCOL	0	0	0	0		193.91
193.92 19311 CCOP	0	0	0	0		193.92
193.93 19312 RESEARCH ADMIN	0	0	0	0		193.93
200.00 Cross Foot Adjustments			0	0		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	4,007,318	4,209,808	2,393,854	4,558,749	301,097	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description			PARAMED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-(SPECIFY)					23.00
23.01	02301	PARAMED ED	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	66,667,487	-5,098,803	61,568,684	30.00
32.00	03200	CORONARY CARE UNIT	0	10,688,331	0	10,688,331	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	0	8,759,155	-149,665	8,609,490	32.10
40.00	04000	SUBPROVIDER - IPF	0	3,984,319	0	3,984,319	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,111,956	0	3,111,956	41.00
43.00	04300	NURSERY	0	2,361,010	0	2,361,010	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	32,729,408	-663,286	32,066,122	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,056,515	0	9,056,515	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,421,177	-81,635	18,339,542	54.00
57.00	05700	CT SCAN	0	2,035,325	0	2,035,325	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	604,814	0	604,814	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,772,996	0	3,772,996	59.00
60.00	06000	LABORATORY	0	13,927,452	0	13,927,452	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	5,062,284	-234,701	4,827,583	65.00
66.00	06600	PHYSICAL THERAPY	0	4,992,751	0	4,992,751	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	1,489,852	0	1,489,852	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	487,202	0	487,202	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	2,131,759	0	2,131,759	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	266,648	0	266,648	67.10
68.00	06800	SPEECH PATHOLOGY	0	1,137,476	0	1,137,476	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	188,459	0	188,459	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,950,493	0	16,950,493	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,442,049	0	34,442,049	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,922,784	0	26,922,784	73.00
76.00	03020	CARDIOLOGY	0	2,566,461	-248,307	2,318,154	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	1,548,936	-6,803	1,542,133	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	940,793	0	940,793	90.50
91.00	09100	EMERGENCY	0	19,090,756	-448,994	18,641,762	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	294,338,648	-6,932,194	287,406,454	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	200,689	0	200,689	190.00
193.00	19300	NONPAID WORKERS	0	8,361,398	-20,409	8,340,989	193.00
193.10	19301	HEALTH PROPERTIES	0	4,392,952	0	4,392,952	193.10
193.40	19303	LEIGHTON CENTER	0	272,331	0	272,331	193.40
193.50	19305	WELLNESS CENTER	0	1,746,420	0	1,746,420	193.50
193.80	19308	UNUSED SPACE	0	0	0	0	193.80
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	193.90
193.91	19310	RESEARCH AND PROTOCOL	0	566,589	0	566,589	193.91
193.92	19311	CCOP	0	289,243	0	289,243	193.92
193.93	19312	RESEARCH ADMIN	0	174,326	0	174,326	193.93
200.00		Cross Foot Adjustments	0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		PARAMED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	0	310,342,596	-6,952,603	303,389,993		202.00

COST ALLOCATION STATISTICS

Provider CCN: 150058

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

Worksheet Non-CMS W
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00		2.00	
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES		4.00
5.00	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE	FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	5	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	6	HOURS OF	SERVICE	9.00
10.00	DIETARY	7	MEALS	SERVED	10.00
11.00	CAFETERIA	8	HOURS OF	SERVICE	11.00
13.00	NURSING ADMINISTRATION	9	DI RECT	NRSNG HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	10	COSTED	REQUI S.	14.00
15.00	PHARMACY	11	COSTED	REQUI S.	15.00
16.00	MEDICAL RECORDS & LIBRARY	12	TIME	SPENT	16.00
17.00	SOCIAL SERVICE	13	TIME	SPENT	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	14	ASSI GNED	TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	15	ASSI GNED	TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	16	ASSI GNED	TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	44,166	61,305	105,471	105,471 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,071,400	1,487,188	2,558,588	5,793 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	35,303	49,004	84,307	410 6.00
7.00 00700	OPERATION OF PLANT	0	1,779,596	2,470,221	4,249,817	1,153 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,608	2,233	3,841	0 8.00
9.00 00900	HOUSEKEEPING	0	227,802	316,207	544,009	2,714 9.00
10.00 01000	DIETARY	0	193,401	268,456	461,857	807 10.00
11.00 01100	CAFETERIA	0	46,563	64,633	111,196	1,196 11.00
13.00 01300	NURSING ADMINISTRATION	0	185,369	257,307	442,676	989 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	315,043	437,305	752,348	1,449 14.00
15.00 01500	PHARMACY	0	100,369	139,320	239,689	4,542 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	56,888	78,965	135,853	1,648 16.00
17.00 01700	SOCIAL SERVICE	0	43,865	60,888	104,753	2,226 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,798 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	165,870	230,241	396,111	1,451 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	39,973	55,486	95,459	65 23.00
23.01 02301	PARAMED ED	0	0	0	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,176,332	3,020,914	5,197,246	21,833 30.00
32.00 03200	CORONARY CARE UNIT	0	180,502	250,551	431,053	4,256 32.00
32.10 03210	NEONATAL INTENSIVE CARE UNIT	0	88,435	122,755	211,190	4,261 32.10
40.00 04000	SUBPROVIDER - IPF	0	131,615	182,692	314,307	1,584 40.00
41.00 04100	SUBPROVIDER - IRF	0	122,400	169,901	292,301	1,048 41.00
43.00 04300	NURSERY	0	47,600	66,073	113,673	1,074 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,097,603	1,523,560	2,621,163	10,741 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	374,879	520,361	895,240	3,465 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	613,514	851,606	1,465,120	6,836 54.00
57.00 05700	CT SCAN	0	30,084	41,759	71,843	1,017 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	44,404	61,637	106,041	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	174,130	241,707	415,837	1,096 59.00
60.00 06000	LABORATORY	0	114,368	158,752	273,120	1,832 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	105,381	146,277	251,658	2,215 65.00
66.00 06600	PHYSICAL THERAPY	0	122,805	170,462	293,267	2,280 66.00
66.01 06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	853 66.01
66.10 06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	308 66.10
67.00 06700	OCCUPATIONAL THERAPY	0	81,482	113,104	194,586	1,029 67.00
67.10 06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	155 67.10
68.00 06800	SPEECH PATHOLOGY	0	3,611	5,013	8,624	633 68.00
68.10 06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	116 68.10
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03020	CARDIOLOGY	0	75,702	105,081	180,783	816 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.10 09001	FAMILY PRACTICE CLINIC	0	0	0	0	0 90.10
90.30 09002	HEMATOLOGY ONCOLOGY CLINIC	0	97,131	134,826	231,957	576 90.30
90.50 09004	SLEEP DISORDERS CLINIC	0	0	0	0	466 90.50
91.00 09100	EMERGENCY	0	363,702	504,848	868,550	7,543 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	10,352,896	14,370,638	24,723,534	102,274 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	49,406	68,580	117,986	0 190.00
193.00 19300	NONPAID WORKERS	0	1,412,864	1,961,167	3,374,031	565 193.00
193.10 19301	HEALTH PROPERTIES	0	0	0	0	1,412 193.10
193.40 19303	LEIGHTON CENTER	0	65,397	90,777	156,174	0 193.40
193.50 19305	WELLNESS CENTER	0	0	0	0	692 193.50
193.80 19308	UNUSED SPACE	0	0	0	0	0 193.80
193.90 19309	OCCUPATIONAL HEALTH	0	0	0	0	0 193.90
193.91 19310	RESEARCH AND PROTOCOL	0	0	0	0	282 193.91
193.92 19311	CCOP	0	2,833	3,932	6,765	166 193.92
193.93 19312	RESEARCH ADMIN	0	4,483	6,223	10,706	80 193.93

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
200.00	Cross Foot Adjustments			0		200.00
201.00	Negative Cost Centers			0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	11,887,879	16,501,317	28,389,196	105,471

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 6:36 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	2,564,381			5.00		
6.00	00600	MAINTENANCE & REPAIRS	20,476	105,193		6.00		
7.00	00700	OPERATION OF PLANT	92,559	17,435	4,360,964	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	16,956	16	783	21,596	8.00	
9.00	00900	HOUSEKEEPING	63,197	2,232	110,906	0	723,058	9.00
10.00	01000	DIETARY	25,815	1,895	94,158	0	946	10.00
11.00	01100	CAFETERIA	10,252	456	22,669	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	18,327	1,816	90,248	0	3,243	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,829	3,087	153,380	217	12,079	14.00
15.00	01500	PHARMACY	105,673	983	48,865	0	40,485	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,927	557	27,696	0	923	16.00
17.00	01700	SOCIAL SERVICE	32,791	430	21,356	0	11,944	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	19,781	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	35,303	1,625	80,755	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	1,975	392	19,461	0	0	23.00
23.01	02301	PARAMED ED	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	387,883	21,324	1,059,560	7,529	281,594	30.00
32.00	03200	CORONARY CARE UNIT	76,036	1,768	87,878	611	24,996	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	65,118	866	43,055	681	11,687	32.10
40.00	04000	SUBPROVIDER - IPF	26,024	1,289	64,077	314	2,106	40.00
41.00	04100	SUBPROVIDER - IRF	17,931	1,199	59,591	811	27,891	41.00
43.00	04300	NURSERY	16,684	466	23,175	203	16,065	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	233,832	10,753	534,374	2,914	33,454	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65,033	3,673	182,512	1,008	27,910	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	129,637	6,011	298,693	1,972	58,695	54.00
57.00	05700	CT SCAN	16,346	295	14,646	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,371	435	21,618	85	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,174	1,706	84,776	842	9,632	59.00
60.00	06000	LABORATORY	108,868	1,120	55,681	0	19,348	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	38,301	1,032	51,305	0	0	65.00
66.00	06600	PHYSICAL THERAPY	34,685	1,203	59,788	389	8,691	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	12,212	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	4,002	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	15,531	798	39,670	0	407	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	2,186	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	8,640	35	1,758	0	2,531	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	1,548	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,719	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	284,601	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	111,947	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	15,396	742	36,856	0	1,047	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	10,128	952	47,289	349	9,473	90.30
90.50	09004	SLEEP DISORDERS CLINIC	7,087	0	0	115	0	90.50
91.00	09100	EMERGENCY	132,582	3,563	177,070	1,535	15,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,463,363	90,154	3,613,649	19,575	620,607	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,035	484	24,054	0	0	190.00
193.00	19300	NONPAID WORKERS	41,639	13,842	687,860	0	101,846	193.00
193.10	19301	HEALTH PROPERTIES	35,967	0	0	0	0	193.10
193.40	19303	LEIGHTON CENTER	1,370	641	31,839	0	605	193.40
193.50	19305	WELLNESS CENTER	12,718	0	0	2,021	0	193.50
193.80	19308	UNUSED SPACE	0	0	0	0	0	193.80
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91	19310	RESEARCH AND PROTOCOL	4,579	0	0	0	0	193.91
193.92	19311	CCOP	2,334	28	1,379	0	0	193.92
193.93	19312	RESEARCH ADMIN	1,376	44	2,183	0	0	193.93
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,564,381	105,193	4,360,964	21,596	723,058	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

Period:
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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	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	585,478					10.00
11.00	01100	0	145,769				11.00
13.00	01300	0	1,399	558,698			13.00
14.00	01400	0	3,584	0	979,973		14.00
15.00	01500	0	5,180	0	0	445,417	15.00
16.00	01600	0	3,614	3,055	0	0	16.00
17.00	01700	0	3,637	2,132	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	3,521	0	0	46	22.00
23.00	02300	0	117	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	476,221	40,207	237,604	0	808	30.00
32.00	03200	48,358	6,377	48,933	0	16	32.00
32.10	03210	0	5,215	39,551	0	141	32.10
40.00	04000	36,876	2,840	13,967	0	2	40.00
41.00	04100	24,023	1,588	10,120	0	3	41.00
43.00	04300	0	1,664	9,801	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	14,754	77,204	0	76	50.00
52.00	05200	0	5,095	33,681	0	1	52.00
54.00	05400	0	10,060	13,092	0	283	54.00
57.00	05700	0	1,239	3	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	1,349	4,221	0	16	59.00
60.00	06000	0	4,471	0	0	1	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	3,312	24	0	54	65.00
66.00	06600	0	2,796	0	0	23	66.00
66.01	06602	0	1,332	0	0	0	66.01
66.10	06601	0	315	0	0	0	66.10
67.00	06700	0	1,342	0	0	0	67.00
67.10	06701	0	230	0	0	0	67.10
68.00	06800	0	770	0	0	0	68.00
68.10	06801	0	126	0	0	0	68.10
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	979,973	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	443,396	73.00
76.00	03020	0	975	3,715	0	20	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.10	09001	0	0	0	0	0	90.10
90.30	09002	0	684	5,218	0	8	90.30
90.50	09004	0	667	0	0	0	90.50
91.00	09100	0	10,200	51,165	0	480	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		585,478	138,660	553,486	979,973	445,374	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
193.00	19300	0	1,525	728	0	30	193.00
193.10	19301	0	3,090	2,646	0	12	193.10
193.40	19303	0	0	0	0	0	193.40
193.50	19305	0	1,670	0	0	0	193.50
193.80	19308	0	0	0	0	0	193.80
193.90	19309	0	0	0	0	0	193.90
193.91	19310	0	449	1,838	0	0	193.91
193.92	19311	0	273	0	0	1	193.92
193.93	19312	0	102	0	0	0	193.93
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		585,478	145,769	558,698	979,973	445,417	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

Period:
From 01/01/2013
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	205,273					16.00
17.00 01700 SOCIAL SERVICE	0	179,269				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21,579			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	518,812		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	117,469	23.00
23.01 02301 PARAMED PRGM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	28,765	112,727				30.00
32.00 03200 CORONARY CARE UNIT	2,678	11,056				32.00
32.10 03210 NEONATAL INTENSIVE CARE UNIT	963	6,367				32.10
40.00 04000 SUBPROVIDER - IPF	0	11,731				40.00
41.00 04100 SUBPROVIDER - IRF	884	6,427				41.00
43.00 04300 NURSERY	642	0				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	48,987	47				50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	415				52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	36,813	0				54.00
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	16,573	0				60.00
60.01 06001 BLOOD LABORATORY	0	0				60.01
65.00 06500 RESPIRATORY THERAPY	0	0				65.00
66.00 06600 PHYSICAL THERAPY	22,987	0				66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	0				66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	0				66.10
67.00 06700 OCCUPATIONAL THERAPY	5,697	0				67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0				67.10
68.00 06800 SPEECH PATHOLOGY	2,634	0				68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	0				68.10
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0				73.00
76.00 03020 RADIOLOGY	15,440	0				76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0				90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0				90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	0				90.30
90.50 09004 SLEEP DISORDERS CLINIC	0	2,819				90.50
91.00 09100 EMERGENCY	22,210	27,680				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0				113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	205,273	179,269	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
193.00 19300 NONPAID WORKERS	0	0				193.00
193.10 19301 HEALTH PROPERTIES	0	0				193.10
193.40 19303 LEIGHTON CENTER	0	0				193.40
193.50 19305 WELLNESS CENTER	0	0				193.50
193.80 19308 UNUSED SPACE	0	0				193.80
193.90 19309 OCCUPATIONAL HEALTH	0	0				193.90
193.91 19310 RESEARCH AND PROTOCOL	0	0				193.91
193.92 19311 CCOP	0	0				193.92
193.93 19312 RESEARCH ADMIN	0	0				193.93
200.00 Cross Foot Adjustments			21,579	518,812	117,469	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	23.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	205,273	179,269	21,579	518,812	117,469	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 6:36 pm	
Cost Center Description	PARAMED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				23.00
23.01 02301	PARAMED ED	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	7,873,301	0	7,873,301	30.00
32.00 03200	CORONARY CARE UNIT	744,016	0	744,016	32.00
32.10 03210	NEONATAL INTENSIVE CARE UNIT	389,095	0	389,095	32.10
40.00 04000	SUBPROVIDER - IPF	475,117	0	475,117	40.00
41.00 04100	SUBPROVIDER - IRF	443,817	0	443,817	41.00
43.00 04300	NURSERY	183,447	0	183,447	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	3,588,299	0	3,588,299	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,218,033	0	1,218,033	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,027,212	0	2,027,212	54.00
57.00 05700	CT SCAN	105,389	0	105,389	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	132,550	0	132,550	58.00
59.00 05900	CARDIAC CATHETERIZATION	546,649	0	546,649	59.00
60.00 06000	LABORATORY	481,014	0	481,014	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	347,901	0	347,901	65.00
66.00 06600	PHYSICAL THERAPY	426,109	0	426,109	66.00
66.01 06602	PHYSICAL THERAPY EAST BANK	14,397	0	14,397	66.01
66.10 06601	PHYSICAL THERAPY LIVING CENTER	4,625	0	4,625	66.10
67.00 06700	OCCUPATIONAL THERAPY	259,060	0	259,060	67.00
67.10 06701	OCCUPATIONAL THERAPY LIVING CENTER	2,571	0	2,571	67.10
68.00 06800	SPEECH PATHOLOGY	25,625	0	25,625	68.00
68.10 06801	SPEECH THERAPY LIVING CENTER	1,790	0	1,790	68.10
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,060,692	0	1,060,692	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	284,601	0	284,601	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	555,343	0	555,343	73.00
76.00 03020	CARDIOLOGY	255,790	0	255,790	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
90.10 09001	FAMILY PRACTICE CLINIC	0	0	0	90.10
90.30 09002	HEMATOLOGY ONCOLOGY CLINIC	306,634	0	306,634	90.30
90.50 09004	SLEEP DISORDERS CLINIC	11,154	0	11,154	90.50
91.00 09100	EMERGENCY	1,318,038	0	1,318,038	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	23,082,269	0	23,082,269
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	143,559	0	143,559	190.00
193.00 19300	NONPAID WORKERS	4,222,066	0	4,222,066	193.00
193.10 19301	HEALTH PROPERTIES	43,127	0	43,127	193.10
193.40 19303	LEIGHTON CENTER	190,629	0	190,629	193.40
193.50 19305	WELLNESS CENTER	17,101	0	17,101	193.50
193.80 19308	UNUSED SPACE	0	0	0	193.80
193.90 19309	OCCUPATIONAL HEALTH	0	0	0	193.90
193.91 19310	RESEARCH AND PROTOCOL	7,148	0	7,148	193.91
193.92 19311	CCOP	10,946	0	10,946	193.92
193.93 19312	RESEARCH ADMIN	14,491	0	14,491	193.93
200.00	Cross Foot Adjustments	0	657,860	0	657,860

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description		PARAMED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	0	28,389,196	0	28,389,196		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,145,570					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,145,570				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,256	4,256	103,875,134			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	103,245	103,245	5,707,025	-17,968,080	292,374,516	5.00
6.00 00600	MAINTENANCE & REPAIRS	3,402	3,402	403,901	0	2,334,541	6.00
7.00 00700	OPERATION OF PLANT	171,490	171,490	1,135,578	0	10,552,880	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	155	155	0	0	1,933,156	8.00
9.00 00900	HOUSEKEEPING	21,952	21,952	2,673,449	0	7,205,248	9.00
10.00 01000	DIETARY	18,637	18,637	794,691	0	2,943,197	10.00
11.00 01100	CAFETERIA	4,487	4,487	1,177,855	0	1,168,872	11.00
13.00 01300	NURSING ADMINISTRATION	17,863	17,863	974,516	0	2,089,525	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	30,359	30,359	1,427,495	0	6,137,158	14.00
15.00 01500	PHARMACY	9,672	9,672	4,475,186	0	12,048,035	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,482	5,482	1,623,791	0	3,640,085	16.00
17.00 01700	SOCIAL SERVICE	4,227	4,227	2,192,692	0	3,738,539	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,771,659	0	2,255,255	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	15,984	15,984	1,429,313	0	4,025,004	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	3,852	3,852	64,186	0	225,163	23.00
23.01 02301	PARAMED ED	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	209,721	209,721	21,475,892	0	44,227,608	30.00
32.00 03200	CORONARY CARE UNIT	17,394	17,394	4,192,629	0	8,668,988	32.00
32.10 03210	NEONATAL INTENSIVE CARE UNIT	8,522	8,522	4,197,809	0	7,424,207	32.10
40.00 04000	SUBPROVIDER - I PF	12,683	12,683	1,560,283	0	2,967,000	40.00
41.00 04100	SUBPROVIDER - I RF	11,795	11,795	1,032,826	0	2,044,302	41.00
43.00 04300	NURSERY	4,587	4,587	1,058,559	0	1,902,186	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	105,770	105,770	10,581,807	0	26,659,627	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	36,125	36,125	3,413,544	0	7,414,492	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	59,121	59,121	6,734,626	0	14,780,201	54.00
57.00 05700	CT SCAN	2,899	2,899	1,002,338	0	1,863,682	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	4,279	4,279	0	0	498,332	58.00
59.00 05900	CARDIAC CATHETERIZATION	16,780	16,780	1,079,847	0	3,098,132	59.00
60.00 06000	LABORATORY	11,021	11,021	1,805,001	0	12,412,236	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	10,155	10,155	2,181,972	0	4,366,746	65.00
66.00 06600	PHYSICAL THERAPY	11,834	11,834	2,246,520	0	3,954,454	66.00
66.01 06602	PHYSICAL THERAPY EAST BANK	0	0	840,535	0	1,392,302	66.01
66.10 06601	PHYSICAL THERAPY LIVING CENTER	0	0	303,147	0	456,326	66.10
67.00 06700	OCCUPATIONAL THERAPY	7,852	7,852	1,013,593	0	1,770,712	67.00
67.10 06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	152,509	0	249,262	67.10
68.00 06800	SPEECH PATHOLOGY	348	348	623,581	0	985,084	68.00
68.10 06801	SPEECH THERAPY LIVING CENTER	0	0	114,504	0	176,482	68.10
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	9,202,980	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	32,447,929	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	12,763,306	73.00
76.00 03020	CARDIOLOGY	7,295	7,295	804,003	0	1,755,348	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.10 09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30 09002	HEMATOLOGY ONCOLOGY CLINIC	9,360	9,360	567,694	0	1,154,668	90.30
90.50 09004	SLEEP DISORDERS CLINIC	0	0	458,688	0	807,954	90.50
91.00 09100	EMERGENCY	35,048	35,048	7,431,974	0	15,115,989	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	997,652	997,652	100,725,218	-17,968,080	280,857,193	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,761	4,761	0	0	117,986	190.00
193.00 19300	NONPAID WORKERS	136,150	136,150	556,814	0	4,747,353	193.00
193.10 19301	HEALTH PROPERTIES	0	0	1,390,755	0	4,100,704	193.10
193.40 19303	LEIGHTON CENTER	6,302	6,302	0	0	156,174	193.40
193.50 19305	WELLNESS CENTER	0	0	682,094	0	1,450,021	193.50
193.80 19308	UNUSED SPACE	0	0	0	0	0	193.80
193.90 19309	OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91 19310	RESEARCH AND PROTOCOL	0	0	277,934	0	522,077	193.91
193.92 19311	CCOP	273	273	163,851	0	266,091	193.92

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
193.93 19312 RESEARCH ADMIN	432	432	78,468	0	156,917	193.93	
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)	11,887,879	16,501,317	28,353,991		17,968,080	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	10.377261	14.404460	0.272962		0.061456	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			105,471		2,564,381	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001015		0.008771	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	1,034,667					6.00
7.00	00700	171,490	863,177				7.00
8.00	00800	155	155	3,365,522			8.00
9.00	00900	21,952	21,952	0	9,727,981		9.00
10.00	01000	18,637	18,637	0	12,730	325,778	10.00
11.00	01100	4,487	4,487	0	0	0	11.00
13.00	01300	17,863	17,863	0	43,631	0	13.00
14.00	01400	30,359	30,359	33,864	162,514	0	14.00
15.00	01500	9,672	9,672	0	544,687	0	15.00
16.00	01600	5,482	5,482	0	12,417	0	16.00
17.00	01700	4,227	4,227	0	160,698	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	15,984	15,984	0	0	0	22.00
23.00	02300	3,852	3,852	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	209,721	209,721	1,173,154	3,788,546	264,984	30.00
32.00	03200	17,394	17,394	95,254	336,290	26,908	32.00
32.10	03210	8,522	8,522	106,097	157,241	0	32.10
40.00	04000	12,683	12,683	48,875	28,337	20,519	40.00
41.00	04100	11,795	11,795	126,449	375,244	13,367	41.00
43.00	04300	4,587	4,587	31,696	216,140	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	105,770	105,770	454,083	450,087	0	50.00
52.00	05200	36,125	36,125	157,144	375,495	0	52.00
54.00	05400	59,121	59,121	307,251	789,678	0	54.00
57.00	05700	2,899	2,899	0	0	0	57.00
58.00	05800	4,279	4,279	13,179	0	0	58.00
59.00	05900	16,780	16,780	131,287	129,591	0	59.00
60.00	06000	11,021	11,021	0	260,304	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	10,155	10,155	0	0	0	65.00
66.00	06600	11,834	11,834	60,635	116,934	0	66.00
66.01	06602	0	0	0	0	0	66.01
66.10	06601	0	0	0	0	0	66.10
67.00	06700	7,852	7,852	0	5,481	0	67.00
67.10	06701	0	0	0	0	0	67.10
68.00	06800	348	348	0	34,047	0	68.00
68.10	06801	0	0	0	0	0	68.10
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	7,295	7,295	0	14,088	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.10	09001	0	0	0	0	0	90.10
90.30	09002	9,360	9,360	54,383	127,447	0	90.30
90.50	09004	0	0	17,988	0	0	90.50
91.00	09100	35,048	35,048	239,219	208,000	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		886,749	715,259	3,050,558	8,349,627	325,778	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	4,761	4,761	0	0	0	190.00
193.00	19300	136,150	136,150	0	1,370,219	0	193.00
193.10	19301	0	0	0	0	0	193.10
193.40	19303	6,302	6,302	0	8,135	0	193.40
193.50	19305	0	0	314,964	0	0	193.50
193.80	19308	0	0	0	0	0	193.80
193.90	19309	0	0	0	0	0	193.90
193.91	19310	0	0	0	0	0	193.91
193.92	19311	273	273	0	0	0	193.92
193.93	19312	432	432	0	0	0	193.93
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	2,478,013	11,612,134	2,054,416	7,995,945	3,429,892	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.394986	13.452784	0.610430	0.821953	10.528311	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	105,193	4,360,964	21,596	723,058	585,478	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.101668	5.052225	0.006417	0.074328	1.797169	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description		CAFETERIA (HOURS OF SERVICE)	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	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	353,094,967					11.00
13.00	01300	3,386,965	130,559,482				13.00
14.00	01400	8,678,000	0	100			14.00
15.00	01500	12,542,247	0	0	1,287,688,204		15.00
16.00	01600	8,749,500	713,940	0	0	307,712	16.00
17.00	01700	8,805,175	498,140	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	8,525,440	0	0	134,344	0	22.00
23.00	02300	283,000	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	97,499,823	55,520,194	0	2,335,057	43,120	30.00
32.00	03200	15,440,213	11,435,595	0	45,719	4,015	32.00
32.10	03210	12,626,906	9,243,045	0	407,255	1,443	32.10
40.00	04000	6,876,960	3,264,040	0	4,875	0	40.00
41.00	04100	3,846,210	2,364,950	0	7,532	1,325	41.00
43.00	04300	4,029,320	2,290,540	0	0	962	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	35,724,056	18,042,543	0	218,895	73,433	50.00
52.00	05200	12,335,898	7,871,310	0	1,950	0	52.00
54.00	05400	24,358,150	3,059,690	0	818,828	55,184	54.00
57.00	05700	2,999,140	720	0	990	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	3,266,000	986,450	0	46,375	0	59.00
60.00	06000	10,826,430	0	0	3,042	24,844	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	8,020,120	5,670	0	156,569	0	65.00
66.00	06600	6,769,755	0	0	66,625	34,459	66.00
66.01	06601	3,225,790	0	0	124	0	66.01
66.10	06601	762,230	0	0	0	0	66.10
67.00	06700	3,248,620	0	0	0	8,540	67.00
67.10	06701	556,490	0	0	0	0	67.10
68.00	06800	1,863,375	0	0	299	3,949	68.00
68.10	06801	304,385	0	0	0	0	68.10
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	100	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	1,281,847,300	0	73.00
76.00	03020	2,360,330	868,240	0	57,641	23,145	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.10	09001	0	0	0	0	0	90.10
90.30	09002	1,655,590	1,219,340	0	24,545	0	90.30
90.50	09004	1,615,850	0	0	0	0	90.50
91.00	09100	24,696,210	11,957,285	0	1,386,450	33,293	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		335,878,178	129,341,692	100	1,287,564,415	307,712	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
193.00	19300	3,693,559	170,025	0	87,354	0	193.00
193.10	19301	7,483,040	618,335	0	34,665	0	193.10
193.40	19303	0	0	0	0	0	193.40
193.50	19305	4,044,020	0	0	0	0	193.50
193.80	19308	0	0	0	0	0	193.80
193.90	19309	0	0	0	0	0	193.90
193.91	19310	1,088,070	429,430	0	0	0	193.91
193.92	19311	660,630	0	0	1,770	0	193.92
193.93	19312	247,470	0	0	0	0	193.93
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description		CAFETERIA (HOURS OF SERVICE)	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	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,311,815	2,549,474	7,181,935	13,436,039	4,007,318	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003715	0.019527	71,819.350000	0.010434	13.022950	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	145,769	558,698	979,973	445,417	205,273	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000413	0.004279	9,799.730000	0.000346	0.667095	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PARAMED (ASSIGNED TIME)	23.01
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	1,793,255					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	2,044				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		2,044			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0			100		23.00
23.01 02301 PARAMED ED	0			0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,127,610	1,499	1,499	0	0	30.00
32.00 03200 CORONARY CARE UNIT	110,600	0	0	0	0	32.00
32.10 03210 NEONATAL INTENSIVE CARE UNIT	63,690	44	44	0	0	32.10
40.00 04000 SUBPROVIDER - IPF	117,350	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	64,295	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	475	195	195	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,150	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	24	24	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	69	69	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03020 CARDIOLOGY	0	73	73	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	2	2	0	0	90.30
90.50 09004 SLEEP DISORDERS CLINIC	28,200	0	0	0	0	90.50
91.00 09100 EMERGENCY	276,885	132	132	100	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,793,255	2,038	2,038	100	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00 19300 NONPAID WORKERS	0	6	6	0	0	193.00
193.10 19301 HEALTH PROPERTIES	0	0	0	0	0	193.10
193.40 19303 LEIGHTON CENTER	0	0	0	0	0	193.40
193.50 19305 WELLNESS CENTER	0	0	0	0	0	193.50
193.80 19308 UNUSED SPACE	0	0	0	0	0	193.80
193.90 19309 OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91 19310 RESEARCH AND PROTOCOL	0	0	0	0	0	193.91
193.92 19311 CCOP	0	0	0	0	0	193.92
193.93 19312 RESEARCH ADMIN	0	0	0	0	0	193.93

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PARAMED (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		17.00	21.00			
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,209,808	2,393,854	4,558,749	301,097	0 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.347579	1,171.161448	2,230.307730	3,010.970000	0.000000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	179,269	21,579	518,812	117,469	0 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.099968	10.557241	253.821918	1,174.690000	0.000000 205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 6:36 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		61,568,684	0	61,568,684
32.00	03200 CORONARY CARE UNIT		10,688,331	0	10,688,331
32.10	03210 NEONATAL INTENSIVE CARE UNIT		8,609,490	12,122	8,621,612
40.00	04000 SUBPROVIDER - I PF		3,984,319	0	3,984,319
41.00	04100 SUBPROVIDER - I RF		3,111,956	0	3,111,956
43.00	04300 NURSERY		2,361,010	0	2,361,010
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		32,066,122	37,668	32,103,790
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,056,515	0	9,056,515
54.00	05400 RADIOLOGY-DIAGNOSTIC		18,339,542	51,713	18,391,255
57.00	05700 CT SCAN		2,035,325	0	2,035,325
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		604,814	0	604,814
59.00	05900 CARDIAC CATHETERIZATION		3,772,996	0	3,772,996
60.00	06000 LABORATORY		13,927,452	348,825	14,276,277
60.01	06001 BLOOD LABORATORY		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	4,827,583	0	4,827,583
66.00	06600 PHYSICAL THERAPY	0	4,992,751	2,296	4,995,047
66.01	06602 PHYSICAL THERAPY EAST BANK	0	1,489,852	0	1,489,852
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	487,202	0	487,202
67.00	06700 OCCUPATIONAL THERAPY	0	2,131,759	0	2,131,759
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	266,648	0	266,648
68.00	06800 SPEECH PATHOLOGY	0	1,137,476	0	1,137,476
68.10	06801 SPEECH THERAPY LIVING CENTER	0	188,459	0	188,459
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,950,493	0	16,950,493
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		34,442,049	0	34,442,049
73.00	07300 DRUGS CHARGED TO PATIENTS		26,922,784	9,915	26,932,699
76.00	03020 RADIOLOGY		2,318,154	0	2,318,154
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		0	0	0
90.10	09001 FAMILY PRACTICE CLINIC		0	0	0
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC		1,542,133	0	1,542,133
90.50	09004 SLEEP DISORDERS CLINIC		940,793	5,341	946,134
91.00	09100 EMERGENCY		18,641,762	427,961	19,069,723
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,865,351	0	4,865,351
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)	0	292,271,805	895,841	293,167,646
201.00	Less Observation Beds		4,865,351		4,865,351
202.00	Total (see instructions)	0	287,406,454	895,841	288,302,295

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150058		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/27/2014 6:36 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	135,820,761		135,820,761			30.00
32.00	03200	CORONARY CARE UNIT	27,955,899		27,955,899			32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	21,985,547		21,985,547			32.10
40.00	04000	SUBPROVIDER - I/PF	5,523,718		5,523,718			40.00
41.00	04100	SUBPROVIDER - I/RF	8,281,465		8,281,465			41.00
43.00	04300	NURSERY	3,648,211		3,648,211			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,893,979	53,538,556	99,432,535	0.322491	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,540,740	1,353,462	17,894,202	0.506114	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,226,886	66,722,028	95,948,914	0.191139	0.000000	54.00
57.00	05700	CT SCAN	17,263,853	35,482,306	52,746,159	0.038587	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,001,637	152,660	1,154,297	0.523967	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,549,257	19,393,871	33,943,128	0.111156	0.000000	59.00
60.00	06000	LABORATORY	64,430,009	31,758,995	96,189,004	0.144793	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	33,692,062	2,583,651	36,275,713	0.133080	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,495,709	4,276,302	11,772,011	0.424120	0.000000	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	4,229	4,601,236	4,605,465	0.323497	0.000000	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	2,585	1,194,068	1,196,653	0.407137	0.000000	66.10
67.00	06700	OCCUPATIONAL THERAPY	4,209,652	1,500,751	5,710,403	0.373311	0.000000	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	1,424	630,409	631,833	0.422023	0.000000	67.10
68.00	06800	SPEECH PATHOLOGY	1,882,362	1,869,224	3,751,586	0.303199	0.000000	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	2,119	579,435	581,554	0.324061	0.000000	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71,959,321	33,349,994	105,309,315	0.160959	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	98,580,010	44,789,498	143,369,508	0.240233	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	86,616,832	44,785,114	131,401,946	0.204889	0.000000	73.00
76.00	03020	CARDIOLOGY	5,507,995	4,992,018	10,500,013	0.220776	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0.000000	0.000000	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	45,545	1,241,533	1,287,078	1.198166	0.000000	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	3,542,674	3,542,674	0.265560	0.000000	90.50
91.00	09100	EMERGENCY	13,318,153	28,904,950	42,223,103	0.441506	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,299,463	7,650,677	9,950,140	0.488973	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	717,739,423	394,893,412	1,112,632,835			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	717,739,423	394,893,412	1,112,632,835			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 6:36 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
32.00	03200	CORONARY CARE UNIT		32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT		32.10
40.00	04000	SUBPROVIDER - I PF		40.00
41.00	04100	SUBPROVIDER - I RF		41.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.322870	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.506114	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191678	54.00
57.00	05700	CT SCAN	0.038587	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.523967	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111156	59.00
60.00	06000	LABORATORY	0.148419	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.133080	65.00
66.00	06600	PHYSICAL THERAPY	0.424316	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.323497	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.407137	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.373311	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.422023	67.10
68.00	06800	SPEECH PATHOLOGY	0.303199	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.324061	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.160959	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.240233	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204964	73.00
76.00	03020	CARDIOLOGY	0.220776	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.198166	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.267068	90.50
91.00	09100	EMERGENCY	0.451642	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.488973	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 6:36 pm	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		61,568,684	0	61,568,684	30.00
32.00	03200 CORONARY CARE UNIT		10,688,331	0	10,688,331	32.00
32.10	03210 NEONATAL INTENSIVE CARE UNIT		8,609,490	12,122	8,621,612	32.10
40.00	04000 SUBPROVIDER - I PF		3,984,319	0	3,984,319	40.00
41.00	04100 SUBPROVIDER - I RF		3,111,956	0	3,111,956	41.00
43.00	04300 NURSERY		2,361,010	0	2,361,010	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		32,066,122	37,668	32,103,790	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,056,515	0	9,056,515	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		18,339,542	51,713	18,391,255	54.00
57.00	05700 CT SCAN		2,035,325	0	2,035,325	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		604,814	0	604,814	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,772,996	0	3,772,996	59.00
60.00	06000 LABORATORY		13,927,452	348,825	14,276,277	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	4,827,583	0	4,827,583	65.00
66.00	06600 PHYSICAL THERAPY	0	4,992,751	2,296	4,995,047	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	1,489,852	0	1,489,852	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	487,202	0	487,202	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	2,131,759	0	2,131,759	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	266,648	0	266,648	67.10
68.00	06800 SPEECH PATHOLOGY	0	1,137,476	0	1,137,476	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	188,459	0	188,459	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,950,493	0	16,950,493	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		34,442,049	0	34,442,049	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		26,922,784	9,915	26,932,699	73.00
76.00	03020 RADIOLOGY		2,318,154	0	2,318,154	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC		0	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC		1,542,133	0	1,542,133	90.30
90.50	09004 SLEEP DISORDERS CLINIC		940,793	5,341	946,134	90.50
91.00	09100 EMERGENCY		18,641,762	427,961	19,069,723	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,865,351	0	4,865,351	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	0	292,271,805	895,841	293,167,646	200.00
201.00	Less Observation Beds		4,865,351		4,865,351	201.00
202.00	Total (see instructions)	0	287,406,454	895,841	288,302,295	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150058

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2014 6:36 pm

		Title XIX			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	135,820,761		135,820,761		30.00
32.00	03200	CORONARY CARE UNIT	27,955,899		27,955,899		32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	21,985,547		21,985,547		32.10
40.00	04000	SUBPROVIDER - I/PF	5,523,718		5,523,718		40.00
41.00	04100	SUBPROVIDER - I/RF	8,281,465		8,281,465		41.00
43.00	04300	NURSERY	3,648,211		3,648,211		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,893,979	53,538,556	99,432,535	0.322491	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,540,740	1,353,462	17,894,202	0.506114	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,226,886	66,722,028	95,948,914	0.191139	54.00
57.00	05700	CT SCAN	17,263,853	35,482,306	52,746,159	0.038587	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,001,637	152,660	1,154,297	0.523967	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,549,257	19,393,871	33,943,128	0.111156	59.00
60.00	06000	LABORATORY	64,430,009	31,758,995	96,189,004	0.144793	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	33,692,062	2,583,651	36,275,713	0.133080	65.00
66.00	06600	PHYSICAL THERAPY	7,495,709	4,276,302	11,772,011	0.424120	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	4,229	4,601,236	4,605,465	0.323497	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	2,585	1,194,068	1,196,653	0.407137	66.10
67.00	06700	OCCUPATIONAL THERAPY	4,209,652	1,500,751	5,710,403	0.373311	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	1,424	630,409	631,833	0.422023	67.10
68.00	06800	SPEECH PATHOLOGY	1,882,362	1,869,224	3,751,586	0.303199	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	2,119	579,435	581,554	0.324061	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71,959,321	33,349,994	105,309,315	0.160959	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	98,580,010	44,789,498	143,369,508	0.240233	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	86,616,832	44,785,114	131,401,946	0.204889	73.00
76.00	03020	CARDIOLOGY	5,507,995	4,992,018	10,500,013	0.220776	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0.000000	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	45,545	1,241,533	1,287,078	1.198166	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	3,542,674	3,542,674	0.265560	90.50
91.00	09100	EMERGENCY	13,318,153	28,904,950	42,223,103	0.441506	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,299,463	7,650,677	9,950,140	0.488973	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	717,739,423	394,893,412	1,112,632,835		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	717,739,423	394,893,412	1,112,632,835		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 6:36 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
32.00	03200	CORONARY CARE UNIT		32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT		32.10
40.00	04000	SUBPROVIDER - I PF		40.00
41.00	04100	SUBPROVIDER - I RF		41.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.322870	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.506114	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191678	54.00
57.00	05700	CT SCAN	0.038587	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.523967	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111156	59.00
60.00	06000	LABORATORY	0.148419	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.133080	65.00
66.00	06600	PHYSICAL THERAPY	0.424316	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.323497	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.407137	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.373311	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.422023	67.10
68.00	06800	SPEECH PATHOLOGY	0.303199	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.324061	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.160959	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.240233	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204964	73.00
76.00	03020	CARDIOLOGY	0.220776	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.198166	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.267068	90.50
91.00	09100	EMERGENCY	0.451642	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.488973	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

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

Provider CCN: 150058

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

Worksheet C Part II Date/Time Prepared: 5/27/2014 6:36 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,066,122	3,588,299	28,477,823	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,056,515	1,218,033	7,838,482	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,339,542	2,027,212	16,312,330	0	0	54.00
57.00	05700	CT SCAN	2,035,325	105,389	1,929,936	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	604,814	132,550	472,264	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,772,996	546,649	3,226,347	0	0	59.00
60.00	06000	LABORATORY	13,927,452	481,014	13,446,438	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	4,827,583	347,901	4,479,682	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,992,751	426,109	4,566,642	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	1,489,852	14,397	1,475,455	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	487,202	4,625	482,577	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	2,131,759	259,060	1,872,699	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	266,648	2,571	264,077	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	1,137,476	25,625	1,111,851	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	188,459	1,790	186,669	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,950,493	1,060,692	15,889,801	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,442,049	284,601	34,157,448	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,922,784	555,343	26,367,441	0	0	73.00
76.00	03020	CARDIOLOGY	2,318,154	255,790	2,062,364	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1,542,133	306,634	1,235,499	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	940,793	11,154	929,639	0	0	90.50
91.00	09100	EMERGENCY	18,641,762	1,318,038	17,323,724	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,865,351	622,171	4,243,180	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	201,948,015	13,595,647	188,352,368	0	0	200.00
201.00		Less Observation Beds	4,865,351	622,171	4,243,180	0	0	201.00
202.00		Total (line 200 minus line 201)	197,082,664	12,973,476	184,109,188	0	0	202.00

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

Provider CCN: 150058

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

Worksheet C Part II Date/Time Prepared: 5/27/2014 6:36 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	32,066,122	99,432,535	0.322491		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,056,515	17,894,202	0.506114		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	18,339,542	95,948,914	0.191139		54.00
57.00	05700 CT SCAN	2,035,325	52,746,159	0.038587		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	604,814	1,154,297	0.523967		58.00
59.00	05900 CARDIAC CATHETERIZATION	3,772,996	33,943,128	0.111156		59.00
60.00	06000 LABORATORY	13,927,452	96,189,004	0.144793		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	4,827,583	36,275,713	0.133080		65.00
66.00	06600 PHYSICAL THERAPY	4,992,751	11,772,011	0.424120		66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	1,489,852	4,605,465	0.323497		66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	487,202	1,196,653	0.407137		66.10
67.00	06700 OCCUPATIONAL THERAPY	2,131,759	5,710,403	0.373311		67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	266,648	631,833	0.422023		67.10
68.00	06800 SPEECH PATHOLOGY	1,137,476	3,751,586	0.303199		68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	188,459	581,554	0.324061		68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,950,493	105,309,315	0.160959		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	34,442,049	143,369,508	0.240233		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,922,784	131,401,946	0.204889		73.00
76.00	03020 CARDIOLOGY	2,318,154	10,500,013	0.220776		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0.000000		90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	1,542,133	1,287,078	1.198166		90.30
90.50	09004 SLEEP DISORDERS CLINIC	940,793	3,542,674	0.265560		90.50
91.00	09100 EMERGENCY	18,641,762	42,223,103	0.441506		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,865,351	9,950,140	0.488973		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	201,948,015	909,417,234			200.00
201.00	Less Observation Beds	4,865,351	0			201.00
202.00	Total (line 200 minus line 201)	197,082,664	909,417,234			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/27/2014 6:36 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,873,301	0	7,873,301	72,966	107.90	30.00
32.00	CORONARY CARE UNIT	744,016		744,016	7,581	98.14	32.00
32.10	NEONATAL INTENSIVE CARE UNIT	389,095		389,095	8,276	47.01	32.10
40.00	SUBPROVIDER - IPF	475,117	0	475,117	5,813	81.73	40.00
41.00	SUBPROVIDER - IRF	443,817	0	443,817	3,775	117.57	41.00
43.00	NURSERY	183,447		183,447	4,521	40.58	43.00
200.00	Total (Lines 30-199)	10,108,793		10,108,793	102,932		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	24,898	2,686,494				30.00
32.00	CORONARY CARE UNIT	2,272	222,974				32.00
32.10	NEONATAL INTENSIVE CARE UNIT	0	0				32.10
40.00	SUBPROVIDER - IPF	4,674	382,006				40.00
41.00	SUBPROVIDER - IRF	1,540	181,058				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	33,384	3,472,532				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 6:36 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	3,588,299	99,432,535	0.036088	24,831,678	896,126	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,218,033	17,894,202	0.068069	78,929	5,373	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,027,212	95,948,914	0.021128	11,972,244	252,950	54.00
57.00	05700	CT SCAN	105,389	52,746,159	0.001998	5,684,648	11,358	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	132,550	1,154,297	0.114832	519,420	59,646	58.00
59.00	05900	CARDIAC CATHETERIZATION	546,649	33,943,128	0.016105	4,822,298	77,663	59.00
60.00	06000	LABORATORY	481,014	96,189,004	0.005001	20,647,687	103,259	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	347,901	36,275,713	0.009590	9,200,940	88,237	65.00
66.00	06600	PHYSICAL THERAPY	426,109	11,772,011	0.036197	2,460,232	89,053	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	14,397	4,605,465	0.003126	823	3	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	4,625	1,196,653	0.003865	872	3	66.10
67.00	06700	OCCUPATIONAL THERAPY	259,060	5,710,403	0.045366	1,040,147	47,187	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	2,571	631,833	0.004069	498	2	67.10
68.00	06800	SPEECH PATHOLOGY	25,625	3,751,586	0.006830	357,089	2,439	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	1,790	581,554	0.003078	474	1	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,060,692	105,309,315	0.010072	22,623,408	227,863	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	284,601	143,369,508	0.001985	36,111,934	71,682	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	555,343	131,401,946	0.004226	28,352,140	119,816	73.00
76.00	03020	CARDIOLOGY	255,790	10,500,013	0.024361	2,357,621	57,434	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	306,634	1,287,078	0.238240	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	11,154	3,542,674	0.003148	0	0	90.50
91.00	09100	EMERGENCY	1,318,038	42,223,103	0.031216	6,194,855	193,379	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	622,171	9,950,140	0.062529	949,434	59,367	92.00
200.00		Total (lines 50-199)	13,595,647	909,417,234		178,207,371	2,362,841	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/27/2014 6:36 pm
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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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00	
32.10	03210	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0 32.10	
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0 40.00	
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00	
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)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,966	0.00	24,898	0	0 30.00	
32.00	03200	CORONARY CARE UNIT	7,581	0.00	2,272	0	0 32.00	
32.10	03210	NEONATAL INTENSIVE CARE UNIT	8,276	0.00	0	0	0 32.10	
40.00	04000	SUBPROVIDER - I PF	5,813	0.00	4,674	0	0 40.00	
41.00	04100	SUBPROVIDER - I RF	3,775	0.00	1,540	0	0 41.00	
43.00	04300	NURSERY	4,521	0.00	0	0	0 43.00	
200.00		Total (lines 30-199)	102,932		33,384	0	0 200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00			
32.00	03200	CORONARY CARE UNIT	0	0	32.00			
32.10	03210	NEONATAL INTENSIVE CARE UNIT	0	0	32.10			
40.00	04000	SUBPROVIDER - I PF	0	0	40.00			
41.00	04100	SUBPROVIDER - I RF	0	0	41.00			
43.00	04300	NURSERY	0	0	43.00			
200.00		Total (lines 30-199)	0	0	200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150058

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

Worksheet D
Part IV
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	301,097	0	0	301,097	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	301,097	0	0	301,097	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150058

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

Worksheet D
Part IV
Date/Time Prepared:
5/27/2014 6:36 pm

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	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	99,432,535	0.000000	0.000000	24,831,678	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,894,202	0.000000	0.000000	78,929	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	95,948,914	0.000000	0.000000	11,972,244	54.00
57.00	05700	CT SCAN	0	52,746,159	0.000000	0.000000	5,684,648	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,154,297	0.000000	0.000000	519,420	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	33,943,128	0.000000	0.000000	4,822,298	59.00
60.00	06000	LABORATORY	0	96,189,004	0.000000	0.000000	20,647,687	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	36,275,713	0.000000	0.000000	9,200,940	65.00
66.00	06600	PHYSICAL THERAPY	0	11,772,011	0.000000	0.000000	2,460,232	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	4,605,465	0.000000	0.000000	823	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	1,196,653	0.000000	0.000000	872	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	5,710,403	0.000000	0.000000	1,040,147	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	631,833	0.000000	0.000000	498	67.10
68.00	06800	SPEECH PATHOLOGY	0	3,751,586	0.000000	0.000000	357,089	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	581,554	0.000000	0.000000	474	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	105,309,315	0.000000	0.000000	22,623,408	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	143,369,508	0.000000	0.000000	36,111,934	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	131,401,946	0.000000	0.000000	28,352,140	73.00
76.00	03020	CARDIOLOGY	0	10,500,013	0.000000	0.000000	2,357,621	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	1,287,078	0.000000	0.000000	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	3,542,674	0.000000	0.000000	0	90.50
91.00	09100	EMERGENCY	301,097	42,223,103	0.007131	0.007131	6,194,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,950,140	0.000000	0.000000	949,434	92.00
200.00		Total (lines 50-199)	301,097	909,417,234			178,207,371	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	12,897,558	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,964	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	19,739,526	0	0	0	54.00
57.00	05700 CT SCAN	0	7,592,064	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	44,490	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,167,617	0	0	0	59.00
60.00	06000 LABORATORY	0	6,472,911	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	488,000	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,055,904	0	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	882,754	0	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	333,057	0	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	102,388	0	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	136,299	0	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	89,793	0	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	123,674	0	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,966,753	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,133,274	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	10,266,299	0	0	0	73.00
76.00	03020 CARDIOLOGY	0	1,214,362	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	638,777	0	0	0	90.50
91.00	09100 EMERGENCY	44,176	6,159,012	43,920	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,332,980	0	0	0	92.00
200.00	Total (lines 50-199)	44,176	96,843,456	43,920	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
	Title XVIII	Hospital	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020 RADIOLOGY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	90.50
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 6:36 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			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.322491	12,897,558	9,302	0	4,159,346	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.506114	5,964	4	0	3,018	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191139	19,739,526	14,236	0	3,772,993	54.00
57.00	05700	CT SCAN	0.038587	7,592,064	5,475	0	292,955	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.523967	44,490	32	0	23,311	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111156	5,167,617	3,727	0	574,412	59.00
60.00	06000	LABORATORY	0.144793	6,472,911	4,668	0	937,232	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.133080	488,000	352	0	64,943	65.00
66.00	06600	PHYSICAL THERAPY	0.424120	1,055,904	762	0	447,830	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.323497	882,754	637	0	285,568	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.407137	333,057	240	0	135,600	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.373311	102,388	74	0	38,223	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.422023	136,299	98	0	57,521	67.10
68.00	06800	SPEECH PATHOLOGY	0.303199	89,793	65	0	27,225	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.324061	123,674	89	0	40,078	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.160959	7,966,753	5,745	0	1,282,321	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.240233	14,133,274	10,193	0	3,395,279	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204889	10,266,299	7,404	0	2,103,452	73.00
76.00	03020	CARDIOLOGY	0.220776	1,214,362	876	0	268,102	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.198166	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.265560	638,777	461	0	169,634	90.50
91.00	09100	EMERGENCY	0.441506	6,159,012	4,442	0	2,719,241	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.488973	1,332,980	961	0	651,791	92.00
200.00		Subtotal (see instructions)		96,843,456	69,843	0	21,450,075	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		96,843,456	69,843	0	21,450,075	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 6:36 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	3,000	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,721	0		54.00
57.00 05700 CT SCAN	211	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	17	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	414	0		59.00
60.00 06000 LABORATORY	676	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	47	0		65.00
66.00 06600 PHYSICAL THERAPY	323	0		66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	206	0		66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	98	0		66.10
67.00 06700 OCCUPATIONAL THERAPY	28	0		67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	41	0		67.10
68.00 06800 SPEECH PATHOLOGY	20	0		68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	29	0		68.10
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	925	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,449	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,517	0		73.00
76.00 03020 RADIOLOGY	193	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0		90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	0		90.30
90.50 09004 SLEEP DISORDERS CLINIC	122	0		90.50
91.00 09100 EMERGENCY	1,961	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	470	0		92.00
200.00 Subtotal (see instructions)	15,470	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	15,470	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058 Component CCN: 15S058		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/27/2014 6:36 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,588,299	99,432,535	0.036088	198,863	7,177	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,218,033	17,894,202	0.068069	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,027,212	95,948,914	0.021128	50,060	1,058	54.00
57.00	05700	CT SCAN	105,389	52,746,159	0.001998	30,723	61	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	132,550	1,154,297	0.114832	3,109	357	58.00
59.00	05900	CARDIAC CATHETERIZATION	546,649	33,943,128	0.016105	0	0	59.00
60.00	06000	LABORATORY	481,014	96,189,004	0.005001	432,947	2,165	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	347,901	36,275,713	0.009590	21,013	202	65.00
66.00	06600	PHYSICAL THERAPY	426,109	11,772,011	0.036197	320,901	11,616	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	14,397	4,605,465	0.003126	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	4,625	1,196,653	0.003865	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	259,060	5,710,403	0.045366	73,806	3,348	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	2,571	631,833	0.004069	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	25,625	3,751,586	0.006830	4,856	33	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	1,790	581,554	0.003078	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,060,692	105,309,315	0.010072	55,799	562	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	284,601	143,369,508	0.001985	97,543	194	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	555,343	131,401,946	0.004226	1,827,377	7,722	73.00
76.00	03020	CARDIOLOGY	255,790	10,500,013	0.024361	2,090	51	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	306,634	1,287,078	0.238240	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	11,154	3,542,674	0.003148	0	0	90.50
91.00	09100	EMERGENCY	1,318,038	42,223,103	0.031216	26,033	813	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,950,140	0.000000	0	0	92.00
200.00		Total (lines 50-199)	12,973,476	909,417,234		3,145,120	35,359	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	301,097	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	301,097	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	99,432,535	0.000000	0.000000	198,863	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	17,894,202	0.000000	0.000000	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	95,948,914	0.000000	0.000000	50,060	54.00
57.00 05700 CT SCAN	0	52,746,159	0.000000	0.000000	30,723	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,154,297	0.000000	0.000000	3,109	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	33,943,128	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	96,189,004	0.000000	0.000000	432,947	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	36,275,713	0.000000	0.000000	21,013	65.00
66.00 06600 PHYSICAL THERAPY	0	11,772,011	0.000000	0.000000	320,901	66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	4,605,465	0.000000	0.000000	0	66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	1,196,653	0.000000	0.000000	0	66.10
67.00 06700 OCCUPATIONAL THERAPY	0	5,710,403	0.000000	0.000000	73,806	67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	631,833	0.000000	0.000000	0	67.10
68.00 06800 SPEECH PATHOLOGY	0	3,751,586	0.000000	0.000000	4,856	68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	581,554	0.000000	0.000000	0	68.10
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	105,309,315	0.000000	0.000000	55,799	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	143,369,508	0.000000	0.000000	97,543	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	131,401,946	0.000000	0.000000	1,827,377	73.00
76.00 03020 RADIOLOGY	0	10,500,013	0.000000	0.000000	2,090	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	1,287,078	0.000000	0.000000	0	90.30
90.50 09004 SLEEP DISORDERS CLINIC	0	3,542,674	0.000000	0.000000	0	90.50
91.00 09100 EMERGENCY	301,097	42,223,103	0.007131	0.007131	26,033	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,950,140	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	301,097	909,417,234			3,145,120	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 RADIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00	09100 EMERGENCY	186	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	186	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020 CARDIOLOGY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	90.50
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 6:36 pm
		Component CCN: 15T058	Title XVIII	Subprovider - IRF

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	3,588,299	99,432,535	0.036088	16,889	609	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,218,033	17,894,202	0.068069	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,027,212	95,948,914	0.021128	120,304	2,542	54.00
57.00	05700 CT SCAN	105,389	52,746,159	0.001998	43,093	86	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	132,550	1,154,297	0.114832	8,133	934	58.00
59.00	05900 CARDIAC CATHETERIZATION	546,649	33,943,128	0.016105	0	0	59.00
60.00	06000 LABORATORY	481,014	96,189,004	0.005001	302,145	1,511	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	347,901	36,275,713	0.009590	108,883	1,044	65.00
66.00	06600 PHYSICAL THERAPY	426,109	11,772,011	0.036197	690,214	24,984	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	14,397	4,605,465	0.003126	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	4,625	1,196,653	0.003865	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	259,060	5,710,403	0.045366	652,416	29,598	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	2,571	631,833	0.004069	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	25,625	3,751,586	0.006830	309,511	2,114	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	1,790	581,554	0.003078	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,060,692	105,309,315	0.010072	127,244	1,282	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	284,601	143,369,508	0.001985	19,485	39	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	555,343	131,401,946	0.004226	698,172	2,950	73.00
76.00	03020 CARDIOLOGY	255,790	10,500,013	0.024361	7,615	186	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	306,634	1,287,078	0.238240	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	11,154	3,542,674	0.003148	0	0	90.50
91.00	09100 EMERGENCY	1,318,038	42,223,103	0.031216	1,276	40	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,950,140	0.000000	0	0	92.00
200.00	Total (lines 50-199)	12,973,476	909,417,234		3,105,380	67,919	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	301,097	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	301,097	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	99,432,535	0.000000	0.000000	16,889	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	17,894,202	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	95,948,914	0.000000	0.000000	120,304	54.00
57.00	05700 CT SCAN	0	52,746,159	0.000000	0.000000	43,093	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,154,297	0.000000	0.000000	8,133	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	33,943,128	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	96,189,004	0.000000	0.000000	302,145	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	36,275,713	0.000000	0.000000	108,883	65.00
66.00	06600 PHYSICAL THERAPY	0	11,772,011	0.000000	0.000000	690,214	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	4,605,465	0.000000	0.000000	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	1,196,653	0.000000	0.000000	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	5,710,403	0.000000	0.000000	652,416	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	631,833	0.000000	0.000000	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	3,751,586	0.000000	0.000000	309,511	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	581,554	0.000000	0.000000	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	105,309,315	0.000000	0.000000	127,244	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	143,369,508	0.000000	0.000000	19,485	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	131,401,946	0.000000	0.000000	698,172	73.00
76.00	03020 CARDIOLOGY	0	10,500,013	0.000000	0.000000	7,615	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	1,287,078	0.000000	0.000000	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	3,542,674	0.000000	0.000000	0	90.50
91.00	09100 EMERGENCY	301,097	42,223,103	0.007131	0.007131	1,276	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,950,140	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	301,097	909,417,234			3,105,380	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 RADIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00	09100 EMERGENCY	9	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	9	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020 CARDIOLOGY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	90.50
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/27/2014 6:36 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,873,301	0	7,873,301	72,966	107.90	30.00
32.00	CORONARY CARE UNIT	744,016		744,016	7,581	98.14	32.00
32.10	NEONATAL INTENSIVE CARE UNIT	389,095		389,095	8,276	47.01	32.10
40.00	SUBPROVIDER - IPF	475,117	0	475,117	5,813	81.73	40.00
41.00	SUBPROVIDER - IRF	443,817	0	443,817	3,775	117.57	41.00
43.00	NURSERY	183,447		183,447	4,521	40.58	43.00
200.00	Total (Lines 30-199)	10,108,793		10,108,793	102,932		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,499	1,132,842				30.00
32.00	CORONARY CARE UNIT	0	0				32.00
32.10	NEONATAL INTENSIVE CARE UNIT	0	0				32.10
40.00	SUBPROVIDER - IPF	217	17,735				40.00
41.00	SUBPROVIDER - IRF	104	12,227				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	10,820	1,162,804				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 6:36 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)	Title XIX		Capital Costs (column 3 x column 4)	
					Hospital	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,588,299	99,432,535	0.036088	11,271,937	406,782	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,218,033	17,894,202	0.068069	11,854,526	806,926	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,027,212	95,948,914	0.021128	5,485,803	115,904	54.00
57.00	05700	CT SCAN	105,389	52,746,159	0.001998	2,491,411	4,978	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	132,550	1,154,297	0.114832	216,368	24,846	58.00
59.00	05900	CARDIAC CATHETERIZATION	546,649	33,943,128	0.016105	2,076,175	33,437	59.00
60.00	06000	LABORATORY	481,014	96,189,004	0.005001	14,053,146	70,280	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	347,901	36,275,713	0.009590	11,062,576	106,090	65.00
66.00	06600	PHYSICAL THERAPY	426,109	11,772,011	0.036197	818,425	29,625	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	14,397	4,605,465	0.003126	1,509	5	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	4,625	1,196,653	0.003865	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	259,060	5,710,403	0.045366	390,849	17,731	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	2,571	631,833	0.004069	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	25,625	3,751,586	0.006830	202,628	1,384	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	1,790	581,554	0.003078	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,060,692	105,309,315	0.010072	175,030	1,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	284,601	143,369,508	0.001985	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	555,343	131,401,946	0.004226	17,798,315	75,216	73.00
76.00	03020	CARDIOLOGY	255,790	10,500,013	0.024361	798,442	19,451	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	306,634	1,287,078	0.238240	45,545	10,851	90.30
90.50	09004	SLEEP DISORDERS CLINIC	11,154	3,542,674	0.003148	0	0	90.50
91.00	09100	EMERGENCY	1,318,038	42,223,103	0.031216	3,083,832	96,265	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	622,171	9,950,140	0.062529	0	0	92.00
200.00		Total (lines 50-199)	13,595,647	909,417,234		81,826,517	1,821,534	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/27/2014 6:36 pm
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Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.10
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
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)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,966	0.00	10,499	0	0	30.00
32.00	03200	CORONARY CARE UNIT	7,581	0.00	0	0	0	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	8,276	0.00	0	0	0	32.10
40.00	04000	SUBPROVIDER - I PF	5,813	0.00	217	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	3,775	0.00	104	0	0	41.00
43.00	04300	NURSERY	4,521	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	102,932		10,820	0	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
32.00	03200	CORONARY CARE UNIT	0	0				32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT	0	0				32.10
40.00	04000	SUBPROVIDER - I PF	0	0				40.00
41.00	04100	SUBPROVIDER - I RF	0	0				41.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150058

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

Worksheet D
Part IV
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description		Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	301,097	0	0	301,097	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	301,097	0	0	301,097	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	99,432,535	0.000000	0.000000	11,271,937	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	17,894,202	0.000000	0.000000	11,854,526	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	95,948,914	0.000000	0.000000	5,485,803	54.00
57.00	05700 CT SCAN	0	52,746,159	0.000000	0.000000	2,491,411	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,154,297	0.000000	0.000000	216,368	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	33,943,128	0.000000	0.000000	2,076,175	59.00
60.00	06000 LABORATORY	0	96,189,004	0.000000	0.000000	14,053,146	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	36,275,713	0.000000	0.000000	11,062,576	65.00
66.00	06600 PHYSICAL THERAPY	0	11,772,011	0.000000	0.000000	818,425	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	4,605,465	0.000000	0.000000	1,509	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	1,196,653	0.000000	0.000000	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	5,710,403	0.000000	0.000000	390,849	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	631,833	0.000000	0.000000	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	3,751,586	0.000000	0.000000	202,628	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	581,554	0.000000	0.000000	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	105,309,315	0.000000	0.000000	175,030	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	143,369,508	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	131,401,946	0.000000	0.000000	17,798,315	73.00
76.00	03020 RADIOLOGY	0	10,500,013	0.000000	0.000000	798,442	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	1,287,078	0.000000	0.000000	45,545	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	3,542,674	0.000000	0.000000	0	90.50
91.00	09100 EMERGENCY	301,097	42,223,103	0.007131	0.007131	3,083,832	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,950,140	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	301,097	909,417,234			81,826,517	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150058

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

Worksheet D
Part IV
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description			Title XIX			Hospital		PPS
			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00	09100	EMERGENCY	21,991	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	21,991	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
	Title XIX	Hospital	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020 RADIOLOGY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	90.50
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 6:36 pm
		Component CCN: 15S058	Title XIX	Subprovider - IPF

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	3,588,299	99,432,535	0.036088	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,218,033	17,894,202	0.068069	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,027,212	95,948,914	0.021128	1,722	36 54.00
57.00	05700	CT SCAN	105,389	52,746,159	0.001998	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	132,550	1,154,297	0.114832	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	546,649	33,943,128	0.016105	0	59.00
60.00	06000	LABORATORY	481,014	96,189,004	0.005001	12,750	64 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	347,901	36,275,713	0.009590	0	65.00
66.00	06600	PHYSICAL THERAPY	426,109	11,772,011	0.036197	12,144	440 66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	14,397	4,605,465	0.003126	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	4,625	1,196,653	0.003865	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	259,060	5,710,403	0.045366	1,269	58 67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	2,571	631,833	0.004069	0	67.10
68.00	06800	SPEECH PATHOLOGY	25,625	3,751,586	0.006830	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	1,790	581,554	0.003078	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,060,692	105,309,315	0.010072	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	284,601	143,369,508	0.001985	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	555,343	131,401,946	0.004226	91,273	386 73.00
76.00	03020	CARDIOLOGY	255,790	10,500,013	0.024361	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	306,634	1,287,078	0.238240	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	11,154	3,542,674	0.003148	0	90.50
91.00	09100	EMERGENCY	1,318,038	42,223,103	0.031216	1,301	41 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,950,140	0.000000	0	92.00
200.00		Total (lines 50-199)	12,973,476	909,417,234		120,459	1,025 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	301,097	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	301,097	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	99,432,535	0.000000	0.000000	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	17,894,202	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	95,948,914	0.000000	0.000000	1,722	54.00
57.00	05700 CT SCAN	0	52,746,159	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,154,297	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	33,943,128	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	96,189,004	0.000000	0.000000	12,750	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	36,275,713	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	11,772,011	0.000000	0.000000	12,144	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	4,605,465	0.000000	0.000000	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	1,196,653	0.000000	0.000000	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	5,710,403	0.000000	0.000000	1,269	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	631,833	0.000000	0.000000	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	3,751,586	0.000000	0.000000	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	581,554	0.000000	0.000000	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	105,309,315	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	143,369,508	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	131,401,946	0.000000	0.000000	91,273	73.00
76.00	03020 CARDIOLOGY	0	10,500,013	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	1,287,078	0.000000	0.000000	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	3,542,674	0.000000	0.000000	0	90.50
91.00	09100 EMERGENCY	301,097	42,223,103	0.007131	0.007131	1,301	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,950,140	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	301,097	909,417,234			120,459	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00	09100	EMERGENCY	9	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	9	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020 CARDIOLOGY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	90.50
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 6:36 pm
		Component CCN: 15T058	Title XIX	Subprovider - IRF
				PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,588,299	99,432,535	0.036088	32,073	1,157	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,218,033	17,894,202	0.068069	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,027,212	95,948,914	0.021128	59,777	1,263	54.00
57.00	05700 CT SCAN	105,389	52,746,159	0.001998	15,918	32	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	132,550	1,154,297	0.114832	1,648	189	58.00
59.00	05900 CARDIAC CATHETERIZATION	546,649	33,943,128	0.016105	0	0	59.00
60.00	06000 LABORATORY	481,014	96,189,004	0.005001	84,185	421	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	347,901	36,275,713	0.009590	20,693	198	65.00
66.00	06600 PHYSICAL THERAPY	426,109	11,772,011	0.036197	319,260	11,556	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	14,397	4,605,465	0.003126	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	4,625	1,196,653	0.003865	351	1	66.10
67.00	06700 OCCUPATIONAL THERAPY	259,060	5,710,403	0.045366	239,983	10,887	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	2,571	631,833	0.004069	351	1	67.10
68.00	06800 SPEECH PATHOLOGY	25,625	3,751,586	0.006830	185,673	1,268	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	1,790	581,554	0.003078	702	2	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,060,692	105,309,315	0.010072	22,651	228	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	284,601	143,369,508	0.001985	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	555,343	131,401,946	0.004226	323,636	1,368	73.00
76.00	03020 CARDIOLOGY	255,790	10,500,013	0.024361	2,298	56	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	306,634	1,287,078	0.238240	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	11,154	3,542,674	0.003148	0	0	90.50
91.00	09100 EMERGENCY	1,318,038	42,223,103	0.031216	617	19	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,950,140	0.000000	0	0	92.00
200.00	Total (lines 50-199)	12,973,476	909,417,234		1,309,816	28,646	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	301,097	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	301,097	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	99,432,535	0.000000	0.000000	32,073	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	17,894,202	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	95,948,914	0.000000	0.000000	59,777	54.00
57.00	05700 CT SCAN	0	52,746,159	0.000000	0.000000	15,918	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,154,297	0.000000	0.000000	1,648	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	33,943,128	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	96,189,004	0.000000	0.000000	84,185	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	36,275,713	0.000000	0.000000	20,693	65.00
66.00	06600 PHYSICAL THERAPY	0	11,772,011	0.000000	0.000000	319,260	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	4,605,465	0.000000	0.000000	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	1,196,653	0.000000	0.000000	351	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	5,710,403	0.000000	0.000000	239,983	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	631,833	0.000000	0.000000	351	67.10
68.00	06800 SPEECH PATHOLOGY	0	3,751,586	0.000000	0.000000	185,673	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	581,554	0.000000	0.000000	702	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	105,309,315	0.000000	0.000000	22,651	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	143,369,508	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	131,401,946	0.000000	0.000000	323,636	73.00
76.00	03020 CARDIOLOGY	0	10,500,013	0.000000	0.000000	2,298	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	1,287,078	0.000000	0.000000	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	3,542,674	0.000000	0.000000	0	90.50
91.00	09100 EMERGENCY	301,097	42,223,103	0.007131	0.007131	617	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,950,140	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	301,097	909,417,234			1,309,816	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 RADIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00	09100 EMERGENCY	4	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	4	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 6:36 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	0	66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	0	66.10
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	67.10
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	0	68.10
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 03020 CARDIOLOGY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0	90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	90.30
90.50 09004 SLEEP DISORDERS CLINIC	0	0	90.50
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2014 6:36 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		72,966	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		72,966	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.		44,438	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		22,762	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)		24,898	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		61,568,684	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)		61,568,684	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		170,742,237	28.00
29.00	Private room charges (excluding swing-bed charges)		114,019,786	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		56,722,451	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.360594	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,565.82	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,491.98	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		73.84	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		26.63	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,183,384	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		60,385,300	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		843.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,008,932	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)		21,008,932	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/27/2014 6:36 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							43.00
44.00 CORONARY CARE UNIT	10,688,331	7,581	1,409.88	2,272	3,203,247		44.00
44.10 NEONATAL INTENSIVE CARE UNIT	8,621,612	8,276	1,041.76	0	0		44.10
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)					39,120,643		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					63,332,822		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,909,468		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,407,017		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,316,485		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					58,016,337		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)					5,766		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					843.80		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,865,351		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 6:36 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	7,873,301	61,568,684	0.127878	4,865,351	622,171	90.00
91.00	Nursing School cost	0	61,568,684	0.000000	4,865,351	0	91.00
92.00	Allied health cost	0	61,568,684	0.000000	4,865,351	0	92.00
93.00	All other Medical Education	0	61,568,684	0.000000	4,865,351	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058 Component CCN: 15S058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 6:36 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,813 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,813 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)			5,813 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)			4,674 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			3,984,319 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			3,984,319 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,984,319 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			685.42 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,203,653 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)			3,203,653 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
					Component CCN: 15S058		Date/Time Prepared: 5/27/2014 6:36 pm
					Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT							43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
44.10 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	44.10
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)					728,038		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,931,691		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)					382,006		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					35,545		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					417,551		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,514,140		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058 Component CCN: 15S058		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 6:36 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	475,117	3,984,319	0.119247	0	0	90.00
91.00	Nursing School cost	0	3,984,319	0.000000	0	0	91.00
92.00	Allied health cost	0	3,984,319	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,984,319	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 15T058		Date/Time Prepared: 5/27/2014 6:36 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,775	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,775	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)		3,775	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)		1,540	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,111,956	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,111,956	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,111,956	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		824.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,269,514	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)		1,269,514	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
					Component CCN: 15T058		Date/Time Prepared: 5/27/2014 6:36 pm
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT						43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
44.10 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	44.10	
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)					894,556	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,164,070	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)					181,058	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					67,928	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					248,986	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,915,084	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058 Component CCN: 15T058		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 6:36 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	443,817	3,111,956	0.142617	0	0	90.00
91.00	Nursing School cost	0	3,111,956	0.000000	0	0	91.00
92.00	Allied health cost	0	3,111,956	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,111,956	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2014 6:36 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		72,966	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		72,966	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)		67,200	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)		10,499	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		4,521	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		61,568,684	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)		61,568,684	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		61,568,684	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		843.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,859,056	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)		8,859,056	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 6:36 pm
Title XIX			Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
42.00 NURSERY (title V & XIX only)	2,361,010	4,521	522.23	0	42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT					43.00
44.00 CORONARY CARE UNIT	10,688,331	7,581	1,409.88	0	44.00
44.10 NEONATAL INTENSIVE CARE UNIT	8,621,612	8,276	1,041.76	0	44.10
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)				20,543,793	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				29,402,849	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)				1,132,842	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,843,525	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)				2,976,367	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				26,426,482	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)				5,766	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				843.80	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)				4,865,351	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 6:36 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,873,301	61,568,684	0.127878	4,865,351	622,171	90.00
91.00	Nursing School cost	0	61,568,684	0.000000	4,865,351	0	91.00
92.00	Allied health cost	0	61,568,684	0.000000	4,865,351	0	92.00
93.00	All other Medical Education	0	61,568,684	0.000000	4,865,351	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 15S058		Date/Time Prepared: 5/27/2014 6:36 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,813	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,813	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)		5,813	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)		217	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)		4,521	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,984,319	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,984,319	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,984,319	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		685.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		148,736	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)		148,736	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15S058				Date/Time Prepared: 5/27/2014 6:36 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
44.10	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	44.10
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)					27,145	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					175,881	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)					17,735	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,034	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					18,769	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					157,112	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058 Component CCN: 15S058		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 6:36 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	475,117	3,984,319	0.119247	0	0	90.00
91.00	Nursing School cost	0	3,984,319	0.000000	0	0	91.00
92.00	Allied health cost	0	3,984,319	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,984,319	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 6:36 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,775 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,775 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)			3,775 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)			104 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)			4,521 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			3,111,956 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			3,111,956 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,111,956 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			824.36 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			85,733 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)			85,733 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
					Component CCN: 15T058		Date/Time Prepared: 5/27/2014 6:36 pm
					Title XIX	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT							43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
44.10 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	44.10
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)						391,174	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						476,907	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)						12,227	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						28,650	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						40,877	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						436,030	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058 Component CCN: 15T058		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 6:36 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	443,817	3,111,956	0.142617	0	0	90.00
91.00	Nursing School cost	0	3,111,956	0.000000	0	0	91.00
92.00	Allied health cost	0	3,111,956	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,111,956	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 6:36 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		53,481,009	30.00
32.00	03200	CORONARY CARE UNIT		9,048,293	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT		0	32.10
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		128,304	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.322870	24,831,678	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.506114	78,929	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191678	11,972,244	54.00
57.00	05700	CT SCAN	0.038587	5,684,648	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.523967	519,420	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111156	4,822,298	59.00
60.00	06000	LABORATORY	0.148419	20,647,687	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.133080	9,200,940	65.00
66.00	06600	PHYSICAL THERAPY	0.424316	2,460,232	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.323497	823	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.407137	872	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.373311	1,040,147	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.422023	498	67.10
68.00	06800	SPEECH PATHOLOGY	0.303199	357,089	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.324061	474	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.160959	22,623,408	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.240233	36,111,934	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204964	28,352,140	73.00
76.00	03020	CARDIOLOGY	0.220776	2,357,621	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.198166	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.267068	0	90.50
91.00	09100	EMERGENCY	0.451642	6,194,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.488973	949,434	92.00
200.00		Total (sum of lines 50-94 and 96-98)		178,207,371	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		178,207,371	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S058		Date/Time Prepared: 5/27/2014 6:36 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT		0	32.10
40.00	04000	SUBPROVIDER - IPF		4,472,609	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.322870	198,863	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.506114	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191678	50,060	54.00
57.00	05700	CT SCAN	0.038587	30,723	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.523967	3,109	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111156	0	59.00
60.00	06000	LABORATORY	0.148419	432,947	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.133080	21,013	65.00
66.00	06600	PHYSICAL THERAPY	0.424316	320,901	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.323497	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.407137	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.373311	73,806	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.422023	0	67.10
68.00	06800	SPEECH PATHOLOGY	0.303199	4,856	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.324061	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.160959	55,799	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.240233	97,543	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204964	1,827,377	73.00
76.00	03020	CARDIOLOGY	0.220776	2,090	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.198166	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.267068	0	90.50
91.00	09100	EMERGENCY	0.451642	26,033	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.488973	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,145,120	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,145,120	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T058		Date/Time Prepared: 5/27/2014 6:36 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT		0	32.10
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,472,793	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.322870	16,889	5,453 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.506114	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191678	120,304	23,060 54.00
57.00	05700	CT SCAN	0.038587	43,093	1,663 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.523967	8,133	4,261 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111156	0	0 59.00
60.00	06000	LABORATORY	0.148419	302,145	44,844 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.133080	108,883	14,490 65.00
66.00	06600	PHYSICAL THERAPY	0.424316	690,214	292,869 66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.323497	0	0 66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.407137	0	0 66.10
67.00	06700	OCCUPATIONAL THERAPY	0.373311	652,416	243,554 67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.422023	0	0 67.10
68.00	06800	SPEECH PATHOLOGY	0.303199	309,511	93,843 68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.324061	0	0 68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.160959	127,244	20,481 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.240233	19,485	4,681 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204964	698,172	143,100 73.00
76.00	03020	CARDIOLOGY	0.220776	7,615	1,681 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	0 90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.198166	0	0 90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.267068	0	0 90.50
91.00	09100	EMERGENCY	0.451642	1,276	576 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.488973	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,105,380	894,556 200.00
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)		3,105,380	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 6:36 pm
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
		1.00	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		27,833,809	30.00	
32.00	03200	CORONARY CARE UNIT		8,136,319	32.00	
32.10	03210	NEONATAL INTENSIVE CARE UNIT		16,448,119	32.10	
40.00	04000	SUBPROVIDER - I PF		0	40.00	
41.00	04100	SUBPROVIDER - I RF		0	41.00	
43.00	04300	NURSERY		2,260,178	43.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.322870	11,271,937	3,639,370	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.506114	11,854,526	5,999,742	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191678	5,485,803	1,051,508	54.00
57.00	05700	CT SCAN	0.038587	2,491,411	96,136	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.523967	216,368	113,370	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111156	2,076,175	230,779	59.00
60.00	06000	LABORATORY	0.148419	14,053,146	2,085,754	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.133080	11,062,576	1,472,208	65.00
66.00	06600	PHYSICAL THERAPY	0.424316	818,425	347,271	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.323497	1,509	488	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.407137	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.373311	390,849	145,908	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.422023	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0.303199	202,628	61,437	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.324061	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.160959	175,030	28,173	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.240233	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204964	17,798,315	3,648,014	73.00
76.00	03020	CARDIOLOGY	0.220776	798,442	176,277	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.198166	45,545	54,570	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.267068	0	0	90.50
91.00	09100	EMERGENCY	0.451642	3,083,832	1,392,788	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.488973	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		81,826,517	20,543,793	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)		81,826,517		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S058		Date/Time Prepared: 5/27/2014 6:36 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT		0	32.10
40.00	04000	SUBPROVIDER - IPF		181,207	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.322870	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.506114	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191678	1,722	54.00
57.00	05700	CT SCAN	0.038587	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.523967	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111156	0	59.00
60.00	06000	LABORATORY	0.148419	12,750	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.133080	0	65.00
66.00	06600	PHYSICAL THERAPY	0.424316	12,144	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.323497	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.407137	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.373311	1,269	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.422023	0	67.10
68.00	06800	SPEECH PATHOLOGY	0.303199	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.324061	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.160959	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.240233	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204964	91,273	73.00
76.00	03020	CARDIOLOGY	0.220776	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.198166	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.267068	0	90.50
91.00	09100	EMERGENCY	0.451642	1,301	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.488973	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		120,459	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		120,459	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T058		Date/Time Prepared: 5/27/2014 6:36 pm	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.10	03210	NEONATAL INTENSIVE CARE UNIT		0	32.10
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,478,029	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.322870	32,073	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.506114	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191678	59,777	54.00
57.00	05700	CT SCAN	0.038587	15,918	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.523967	1,648	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111156	0	59.00
60.00	06000	LABORATORY	0.148419	84,185	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.133080	20,693	65.00
66.00	06600	PHYSICAL THERAPY	0.424316	319,260	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.323497	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.407137	351	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.373311	239,983	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.422023	351	67.10
68.00	06800	SPEECH PATHOLOGY	0.303199	185,673	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.324061	702	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.160959	22,651	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.240233	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204964	323,636	73.00
76.00	03020	CARDIOLOGY	0.220776	2,298	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1.198166	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.267068	0	90.50
91.00	09100	EMERGENCY	0.451642	617	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.488973	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,309,816	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,309,816	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 6:36 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		34,046,752	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		11,466,716	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)		2,413,122	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		15,424,104	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		417.20	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		16.76	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.		3.00	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)		19.76	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		25.02	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)		19.76	12.00
13.00	Total allowable FTE count for the prior year.		18.26	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.		18.27	14.00
15.00	Sum of lines 12 through 14 divided by 3.		18.76	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		18.76	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.044966	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.043100	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.043100	21.00
22.00	IME payment adjustment (see instructions)		1,418,017	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		5.26	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)		1,418,017	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.58	30.00
31.00	Percentage of Medicaid patient days (see instructions)		35.50	31.00
32.00	Sum of lines 30 and 31		40.08	32.00
33.00	Allowable disproportionate share percentage (see instructions)		22.28	33.00
34.00	Disproportionate share adjustment (see instructions)		8,224,312	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 6:36 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000749360	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			6,778,997	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			1,708,680	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,708,680		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)		59,277,599		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)			0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		59,277,599		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,278,648		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).		938,336		52.00
53.00	Nursing and Allied Health Managed Care payment		113,338		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)		44,176		58.00
59.00	Total (sum of amounts on lines 49 through 58)		64,652,097		59.00
60.00	Primary payer payments		89,253		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		64,562,844		61.00
62.00	Deductibles billed to program beneficiaries		4,640,196		62.00
63.00	Coinurance billed to program beneficiaries		274,492		63.00
64.00	Allowable bad debts (see instructions)		921,045		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		598,679		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		435,973		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		60,246,835		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 PS&R ADJUSTMENT		0		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-19,608		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: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 6:36 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)		60,227,227		71.00
71.01	Sequestration adjustment (see instructions)		909,431		71.01
72.00	Interim payments		56,158,756		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		3,159,040		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 5/27/2014 6:36 pm
		Title XVIII	Hospital	PPS

	Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
	1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	4.58	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	35.50	0.00		35.50	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	40.08	0.00		35.50	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban			Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	417.20	0.00		417.20	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	22.28	0.00		18.50	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes			Yes	7.00
8.00	S-2, Line 22	Yes			Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes			No	9.00
10.00	S-2, Line 45	Yes			Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes			Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	4.58	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes			Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	4.72	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	11,040	0		11,040	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	10,573	0		10,573	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	2,802	0		2,802	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0		0	18.00
18.01	N/A	0	0		0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	7,420	0		7,420	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0		0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	31,835	0		31,835	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	87,578	0		87,578	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	857	0		857	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	1,241	0		1,241	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0		0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	89,676	0		89,676	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	35.50	0.00		35.50	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150058		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH Date/Time Prepared: 5/27/2014 6:36 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	22.28		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		22.28		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		22.28		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 5/27/2014 6:36 pm
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	18.50	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	18.50	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	18.50	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 6:36 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,470	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,406,155	2.00
3.00	PPS payments		19,586,124	3.00
4.00	Outlier payment (see instructions)		228,537	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		43,920	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,470	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		69,843	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)		69,843	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		69,843	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		54,373	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)		15,470	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)		19,858,581	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,935,800	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)		15,938,251	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		290,386	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)		16,228,637	30.00
31.00	Primary payer payments		7,093	31.00
32.00	Subtotal (line 30 minus line 31)		16,221,544	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		729,212	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		473,988	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		463,544	36.00
37.00	Subtotal (see instructions)		16,695,532	37.00
38.00	MSP-LCC reconciliation amount from PS&R		125	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)		16,695,407	40.00
40.01	Sequestration adjustment (see instructions)		252,101	40.01
41.00	Interim payments		16,138,970	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		304,336	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0
				112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150058

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2014 6:36 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		56,082,456		15,985,270	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	04/19/2013	76,300	04/19/2013	153,700	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)		76,300		153,700	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)		56,158,756		16,138,970	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		3,159,040		304,336	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		59,317,796		16,443,306	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150058
Component CCN: 15S058

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2014 6:36 pm

Title XVIII

Subprovider -
IPF

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					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		3,408,647		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)		3,408,647		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		5,257		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,413,904		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150058
Component CCN: 15T058

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2014 6:36 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,987,135		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)		1,987,135		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		71,342		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,058,477		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/27/2014 6:36 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		19,038	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		27,170	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		8,134	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		83,057	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		1,112,632,835	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		22,721,439	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)		1,815,155	8.00
9.00	Sequestration adjustment amount (see instructions)		36,303	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,778,852	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		2,139,263	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)		-360,411	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/27/2014 6:36 pm
		Component CCN: 15S058	Title XVIII	Subprovider - IPF PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		3,788,391	1.00
2.00	Net IPF PPS Outlier Payments		16,267	2.00
3.00	Net IPF PPS ECT Payments		2,441	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		15.926027	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		3,807,099	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		3,807,099	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		3,807,099	18.00
19.00	Deductibles		227,020	19.00
20.00	Subtotal (line 18 minus line 19)		3,580,079	20.00
21.00	Coinsurance		141,944	21.00
22.00	Subtotal (line 20 minus line 21)		3,438,135	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		42,958	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		27,923	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		24,458	25.00
26.00	Subtotal (sum of lines 22 and 24)		3,466,058	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		186	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		3,466,244	31.00
31.01	Sequestration adjustment (see instructions)		52,340	31.01
32.00	Interim payments		3,408,647	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		5,257	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		16,267	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/27/2014 6:36 pm	
		Title XVIIII	Subprovider - IRF	PPS	
			Prior to 10/01	On/After 10/01	
			1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS					
1.00	Net Federal PPS Payment (see instructions)		1,249,939	252,924	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0472		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		144,118	19,753	3.00
4.00	Outlier Payments		452,543		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00		5.01
6.00	New Teaching program adjustment. (see instructions)		0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00		9.00
10.00	Average Daily Census (see instructions)		10.342466		10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	0	12.00
13.00	Total PPS Payment (see instructions)		2,119,277		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0		16.00
17.00	Subtotal (see instructions)		2,119,277		17.00
18.00	Primary payer payments		0		18.00
19.00	Subtotal (line 17 less line 18).		2,119,277		19.00
20.00	Deductibles		15,392		20.00
21.00	Subtotal (line 19 minus line 20)		2,103,885		21.00
22.00	Coinurance		18,056		22.00
23.00	Subtotal (line 21 minus line 22)		2,085,829		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		6,460		24.00
25.00	Adjusted reimbursable bad debts (see instructions)		4,199		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,184		26.00
27.00	Subtotal (sum of lines 23 and 25)		2,090,028		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0		28.00
29.00	Other pass through costs (see instructions)		9		29.00
30.00	Outlier payments reconciliation		0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		31.00
31.99	Recovery of Accelerated Depreciation		0		31.99
32.00	Total amount payable to the provider (see instructions)		2,090,037		32.00
32.01	Sequestration adjustment (see instructions)		31,560		32.01
33.00	Interim payments		1,987,135		33.00
34.00	Tentative settlement (for contractor use only)		0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		71,342		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		452,543		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0		51.00
52.00	The rate used to calculate the Time Value of Money		0.00		52.00
53.00	Time Value of Money (see instructions)		0		53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 6:36 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			24.76	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			3.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			27.76	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			25.02	6.00
7.00	Enter the lesser of line 5 or line 6			25.02	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	25.02	0.00	25.02	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	25.02	0.00	25.02	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	25.02	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	23.92	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	23.50	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	24.15	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	24.15	0.00		17.00
18.00	Per resident amount	116,765.35	0.00		18.00
19.00	Approved amount for resident costs	2,819,883	0	2,819,883	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,819,883	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	33,384	8,134		26.00
27.00	Total Inpatient Days (see instructions)	92,645	92,645		27.00
28.00	Ratio of inpatient days to total inpatient days	0.360343	0.087798		28.00
29.00	Program direct GME amount	1,016,125	247,580		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		34,983		30.00
31.00	Net Program direct GME amount			1,228,722	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 6:36 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		69,428,583	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		89,253	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		69,339,330	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		21,465,545	42.00
43.00	Primary payer payments (see instructions)		7,093	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		21,458,452	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		90,797,782	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.763668	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.236332	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,228,722	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		938,336	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		290,386	50.00

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

Provider CCN: 150058

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

Worksheet G

Date/Time Prepared:
5/27/2014 6:36 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	40,007,000	0	0	0	1.00
2.00	Temporary investments	36,615,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	101,919,000	0	0	0	4.00
5.00	Other receivable	10,512,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-20,022,000	0	0	0	6.00
7.00	Inventory	13,332,000	0	0	0	7.00
8.00	Prepaid expenses	1,793,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	6,484,000	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	184,156,000	6,484,000	0	0	11.00
FIXED ASSETS						
12.00	Land	21,923,000	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	385,328,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	255,103,000	0	0	0	23.00
24.00	Accumulated depreciation	-339,887,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	322,467,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	326,980,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	55,384,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	382,364,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	888,987,000	6,484,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	42,974,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,557,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,978,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	52,509,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	217,826,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	217,826,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	270,335,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	618,652,000				52.00
53.00	Specific purpose fund		6,484,000			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)	618,652,000	6,484,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	888,987,000	6,484,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150058

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

Worksheet G-1

Date/Time Prepared:
5/27/2014 6:36 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		574,181,000		5,139,000		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		92,683,400				2.00
3.00	Total (sum of line 1 and line 2)		666,864,400		5,139,000		3.00
4.00	NET ASSETS RELEASED FROM RESTRICTION	499,000		0		0	4.00
5.00	INTEREST CHANGE IN ORGANIZATION	0		1,345,000		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		499,000		1,345,000		10.00
11.00	Subtotal (line 3 plus line 10)		667,363,400		6,484,000		11.00
12.00	TRANSFERRED TO MEMORIAL HEALTH SYS	48,711,400		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		48,711,400		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		618,652,000		6,484,000		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	NET ASSETS RELEASED FROM RESTRICTION		0				4.00
5.00	INTEREST CHANGE IN ORGANIZATION		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	TRANSFERRED TO MEMORIAL HEALTH SYS		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: 150058

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2014 6:36 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	169,593,000		169,593,000	1.00
2.00	SUBPROVIDER - IPF	5,700,000		5,700,000	2.00
3.00	SUBPROVIDER - IRF	8,421,000		8,421,000	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)	183,714,000		183,714,000	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT	22,972,000		22,972,000	12.00
12.10	NEONATAL INTENSIVE CARE UNIT	32,847,000		32,847,000	12.10
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)	55,819,000		55,819,000	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	239,533,000		239,533,000	17.00
18.00	Ancillary services	509,071,000	420,748,000	929,819,000	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	748,604,000	420,748,000	1,169,352,000	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		374,039,600		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)		374,039,600		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150058

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

Worksheet G-3

Date/Time Prepared:
5/27/2014 6:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,169,352,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	742,115,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	427,237,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	374,039,600	4.00
5.00	Net income from service to patients (line 3 minus line 4)	53,197,400	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	13,104,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	20,000	10.00
11.00	Rebates and refunds of expenses	782,000	11.00
12.00	Parking lot receipts	207,000	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,346,000	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	2,460,000	23.00
24.00	MISC OTHER REVENUE	21,567,000	24.00
25.00	Total other income (sum of lines 6-24)	39,486,000	25.00
26.00	Total (line 5 plus line 25)	92,683,400	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	92,683,400	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150058	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/27/2014 6:36 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,608,221	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		281,461	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)		230.95	3.00
4.00	Number of interns & residents (see instructions)		18.76	4.00
5.00	Indirect medical education percentage (see instructions)		2.32	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		83,711	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.58	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		35.50	8.00
9.00	Sum of lines 7 and 8		40.08	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.46	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		305,255	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		4,278,648	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00