

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: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 11/27/2013 9:56 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/30/2013	Time: 5:58 pm
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT JOHN'S HEALTH SYSTEM (150088) for the cost reporting period beginning 01/01/2013 and ending 06/30/2013 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	318,691	143,753	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	15,917	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	334,608	143,753	0	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: 150088		Period: From 01/01/2013 To 06/30/2013		Worksheet S-2 Part I Date/Time Prepared: 11/27/2013 9:55 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2015 JACKSON STREET			PO Box:						1.00	
2.00	City: ANDERSON			State: IN		Zip Code: 46016-		County: MADISON		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		SAINT JOHN'S HEALTH SYSTEM	150088	11300	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		BENNETT REHAB. CENTER	15T088	11300	5	06/01/1989	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
10.01	ICF/MR										10.01
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		SAINT JOHN'S HOME HEALTH CARE	157059	11300		02/19/1979	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		SAINT JOHN'S HOSPICE	151516	11300		07/02/1992				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2013	06/30/2013		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,740	1,399	0	19	222	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.			98	76	0	0	1		25.00	
							Urban/Rural	S	Date of Geogr		
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0		35.00	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.					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)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
			Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.				0.00	0.00

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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 Nonprovider Site		Unweighted FTEs in Hospital		Ratio (col. 1 / (col. 1 + col. 2))	
		1.00		2.00		3.00	
64.00	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. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name		Program Code		Unweighted FTEs Nonprovider Site	
		1.00		2.00		3.00	
		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital		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 Nonprovider Site		Unweighted FTEs in Hospital		Ratio (col. 1 / (col. 1 + col. 2))	
		1.00		2.00		3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00

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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
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.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
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)			N			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)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	40,981	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		
119.00	DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				
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		

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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:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					N	145.00
						1.00	
						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	Y	N	N	N	155.00	
156.00	Subprovider - IPF	Y	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	
161.10	CORF		N	N	N	161.10	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					1.00	169.00
						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)			07/01/2012	09/28/2012	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150088		Period: From 01/01/2013 To 06/30/2013		Worksheet S-2 Part II Date/Time Prepared: 11/27/2013 9:55 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
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
		Y/N	Type				
		1.00	2.00				
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.	N					4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	N					9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
				Part A		Part B	
		Description	Y/N	Date	Y/N		
		0	1.00	2.00	3.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N				N	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		11/01/2012		Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N				N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N				N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N				N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/27/2013 9:55 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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.			Y	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.			Y	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.	KATHY	ZAMBOS		41.00
42.00	Enter the employer/company name of the cost report preparer.	SAINT JOHN'S HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-646-8128	KATHY.ZAMBOS@STVINCENT.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)	11/01/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR-BUDGET & REIMBURSEMENT	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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet S-2
Part V
Date/Time Prepared:
11/27/2013 9:56 am

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	KATHY	1.00
2.00	Last Name	ZAMBOS	2.00
3.00	Title	DI RECTOR	3.00
4.00	Employer	ST VINCENT ANDERSON REGIONAL HOSPITAL	4.00
5.00	Phone Number	(765)646-8128	5.00
6.00	E-mail Address	KATHY.ZAMBOS@STVINCENT.ORG	6.00
7.00	Department	FINANCE	7.00
8.00	Mailing Address 1	2015 JACKSON STREET	8.00
9.00	Mailing Address 2		9.00
10.00	City	ANDERSON	10.00
11.00	State	IN	11.00
12.00	Zip	46016	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	DONALD	13.00
14.00	Last Name	APPLE	14.00
15.00	Title	CFO	15.00
16.00	Employer	ST VINCENT ANDERSON REGIONAL HOSPITAL	16.00
17.00	Phone Number	(765)646-8132	17.00
18.00	E-mail Address	DONALD.APPPLE@STVINCENT.ORG	18.00
19.00	Department	ADMINISTRATION	19.00
20.00	Mailing Address 1	2015 JACKSON STREET	20.00
21.00	Mailing Address 2		21.00
22.00	City	ANDERSON	22.00
23.00	State	IN	23.00
24.00	Zip	46016	24.00

HFS Supplemental Information		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet S-2 Part IX Date/Time Prepared: 11/27/2013 9:56 am
		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: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	244	44,164	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)		244	44,164	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	3,077	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		261	47,241	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	13	2,353		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
20.01 ICF/MR	45.01	0	0	0.00	0	20.01
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	1	181			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		275				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: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,934	1,446	12,152			1.00
2.00 HMO and other (see instructions)	1,229	1,326				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	87	76				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)	5,934	1,446	12,152			7.00
8.00 INTENSIVE CARE UNIT	1,597	89	2,939			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		480	645			13.00
14.00 Total (see instructions)	7,531	2,015	15,736	0.00	945.15	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	636	98	1,331	0.00	15.26	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
20.01 ICF/MR	0	0	0	0.00	0.00	20.01
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	13,094	0	15,792	0.00	53.54	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	28.12	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,042.07	27.00
28.00 Observation Bed Days		49	395			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		39	65			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: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,452	585	3,828	1.00
2.00 HMO and other (see instructions)				239			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,452	585	3,828	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0		51	8	103	17.00
18.00 SUBPROVIDER	0.00	0		0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
20.01 ICF/MR	0.00	0		0	0	0	20.01
21.00 OTHER LONG TERM CARE	0.00					0	21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet S-3 Part II Date/Time Prepared: 11/27/2013 9:55 am
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	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	33,131,858	0	33,131,858	1,064,114.00	31.14
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		143,582	0	143,582	1,560.00	92.04
5.00	Physician-Part B		1,207,866	0	1,207,866	7,276.00	166.01
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,017,152	255,428	6,272,580	217,328.00	28.86
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		572,108	0	572,108	8,493.17	67.36
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		864,242	0	864,242	5,440.00	158.87
14.00	Home office salaries & wage-related costs		8,332,698	0	8,332,698	186,519.00	44.67
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,228,593	0	7,228,593		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,767,989	0	1,767,989		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	302,401	0	302,401	8,890.00	34.02
27.00	Administrative & General	5.00	6,000,525	-7,292	5,993,233	152,273.00	39.36
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	866,164	0	866,164	40,291.00	21.50
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	88,590	-51,532	37,058	1,040.00	35.63
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	51,532	51,532	1,040.00	49.55
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	318,619	0	318,619	8,759.00	36.38
39.00	Central Services and Supply	14.00	222,075	0	222,075	13,205.00	16.82
40.00	Pharmacy	15.00	1,459,374	0	1,459,374	38,991.00	37.43
41.00	Medical Records & Medical Records Library	16.00	681,547	0	681,547	18,854.00	36.15

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
11/27/2013 9:55 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	0	0	0.00	0.00	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: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
11/27/2013 9:55 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	31,780,410	0	31,780,410	1,055,278.00	30.12	1.00
2.00	Excluded area salaries (see instructions)	6,017,152	255,428	6,272,580	217,328.00	28.86	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25,763,258	-255,428	25,507,830	837,950.00	30.44	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,769,048	0	9,769,048	200,452.17	48.74	4.00
5.00	Subtotal wage-related costs (see inst.)	7,228,593	0	7,228,593	0.00	28.34	5.00
6.00	Total (sum of lines 3 thru 5)	42,760,899	-255,428	42,505,471	1,038,402.17	40.93	6.00
7.00	Total overhead cost (see instructions)	9,939,295	-7,292	9,932,003	283,343.00	35.05	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 11/27/2013 9:55 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		679,546	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		216,785	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)		5,274,956	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		110,753	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		28,582	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)		130,913	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		194,142	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		1,725,466	17.00
18.00	Medicare Taxes - Employers Portion Only		480,412	18.00
19.00	Unemployment Insurance		49,501	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		105,526	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		8,996,582	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet S-3
Part V
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	654,923	0	1.00
2.00	Hospital	572,108	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	82,815	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150088 Component CCN: 157059		Period: From 01/01/2013 To 06/30/2013		Worksheet S-4 Date/Time Prepared: 11/27/2013 9:56 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	
2.00	Unduplicated Census Count (see instructions)	0.00	597.00	42.00	442.00	1,081.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			2.04	0.00	2.04	
5.00	Other Administrative Personnel			4.29	0.00	4.29	
6.00	Direct Nursing Service			26.49	0.00	26.49	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			8.58	0.00	8.58	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			4.22	0.00	4.22	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			1.67	0.00	1.67	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			1.90	0.00	1.90	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			4.23	0.00	4.23	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			6			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			11300			
20.01				26900			
20.02				29020			
20.03				29140			
20.04				34620			
20.05				99915			
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	5,325	137	119	105	5,686	
22.00	Skilled Nursing Visit Charges	1,066,643	27,125	24,871	21,365	1,140,004	
23.00	Physical Therapy Visits	3,510	45	12	64	3,631	
24.00	Physical Therapy Visit Charges	828,846	10,566	3,192	15,530	858,134	
25.00	Occupational Therapy Visits	1,286	31	8	34	1,359	
26.00	Occupational Therapy Visit Charges	309,820	7,238	2,110	8,468	327,636	
27.00	Speech Pathology Visits	363	10	0	4	377	
28.00	Speech Pathology Visit Charges	87,196	2,354	0	974	90,524	
29.00	Medical Social Service Visits	389	8	5	11	413	
30.00	Medical Social Service Visit Charges	120,201	2,472	1,545	3,399	127,617	
31.00	Home Health Aide Visits	1,540	65	3	35	1,643	
32.00	Home Health Aide Visit Charges	192,150	8,190	378	4,410	205,128	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	12,413	296	147	253	13,109	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,604,856	57,945	32,096	54,146	2,749,043	
36.00	Total Number of Episodes (standard/non outlier)	665		59	19	743	
37.00	Total Number of Outlier Episodes		6		2	8	
38.00	Total Non-Routine Medical Supply Charges	61,518	1,288	1,941	848	65,595	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150088
Component CCN: 151516

Period:
From 01/01/2013
To 06/30/2013

Worksheet S-9
Parts I & II
Date/Time Prepared:
11/27/2013 9:56 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	
2.00	Routine Home Care	6,769	200	1,612	63	732	7,701	
3.00	Inpatient Respite Care	15	0	10	0	0	15	
4.00	General Inpatient Care	198	7	189	7	34	239	
5.00	Total Hospice Days	6,982	207	1,811	70	766	7,955	
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	269	13	70	6	24	306	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				
8.00	Average Length of Stay (line 5/line 6)	25.96	15.92	25.87	11.67	31.92	26.00	
9.00	Unduplicated Census Count	193	13	60	6	22	228	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet S-10 Date/Time Prepared: 11/27/2013 9:56 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.300292	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		12,393,907		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		37,227,053		6.00	
7.00	Medicaid cost (line 1 times line 6)		11,178,986		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		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		213,753		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		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		12,930,057	0	12,930,057	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		3,882,793	0	3,882,793	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		3,882,793	0	3,882,793	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?					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)				7,149,394	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				144,934	27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)				7,004,460	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				2,103,383	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				5,986,176	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				5,986,176	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		1,101,259	1,101,259	411,278	1,512,537	1.00
1.01	00101		0	0	0	0	1.01
3.00	00300		0	0	0	0	3.00
4.00	00400	302,401	1,559,220	1,861,621	0	1,861,621	4.00
5.01	00510	118,532	248,995	367,527	2,825	370,352	5.01
5.02	00520	91,250	65,891	157,141	0	157,141	5.02
5.03	00530	329,145	102,241	431,386	0	431,386	5.03
5.04	00540	566,861	172,952	739,813	0	739,813	5.04
5.05	00550	609,532	838,919	1,448,451	0	1,448,451	5.05
5.06	00560	4,285,205	22,412,931	26,698,136	-568,553	26,129,583	5.06
6.00	00600	866,164	2,667,838	3,534,002	16,864	3,550,866	6.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	287,519	287,519	0	287,519	8.00
9.00	00900	0	1,116,674	1,116,674	0	1,116,674	9.00
10.00	01000	88,590	1,444,640	1,533,230	-891,869	641,361	10.00
11.00	01100	0	0	0	891,869	891,869	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	318,619	105,238	423,857	0	423,857	13.00
14.00	01400	222,075	691,982	914,057	-419,522	494,535	14.00
15.00	01500	1,459,374	6,429,414	7,888,788	-5,344,126	2,544,662	15.00
16.00	01600	681,547	353,621	1,035,168	0	1,035,168	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	37,345	23,926	61,271	0	61,271	23.00
23.01	02301	38,098	17,860	55,958	17,328	73,286	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,867,952	2,472,079	9,340,031	-429,810	8,910,221	30.00
31.00	03100	1,380,865	876,583	2,257,448	0	2,257,448	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	443,554	231,140	674,694	0	674,694	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,796,274	4,125,604	5,921,878	-2,012,773	3,909,105	50.00
50.01	05001	13,244	2,902,768	2,916,012	-833,909	2,082,103	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	42,831	42,831	53.00
54.00	05400	1,921,295	1,893,955	3,815,250	-650	3,814,600	54.00
55.00	05500	398,815	852,925	1,251,740	10,300	1,262,040	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	20,390	4,287,071	4,307,461	-482,302	3,825,159	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	482,302	482,302	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	547,609	296,042	843,651	0	843,651	65.00
66.00	06600	701,407	418,956	1,120,363	4,928	1,125,291	66.00
67.00	06700	529,710	223,399	753,109	0	753,109	67.00
68.00	06800	50,064	87,396	137,460	0	137,460	68.00
69.00	06900	625,599	502,677	1,128,276	8,234	1,136,510	69.00
70.00	07000	211,892	107,591	319,483	0	319,483	70.00
71.00	07100	0	0	0	1,671,911	1,671,911	71.00
72.00	07200	0	0	0	1,951,705	1,951,705	72.00
73.00	07300	0	0	0	9,812,941	9,812,941	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.00	03020 CHEMOTHERAPY	411,753	4,832,919	5,244,672	-4,517,479	727,193	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	0	172,062	172,062	90.01
91.00	09100 EMERGENCY	1,698,542	4,923,116	6,621,658	0	6,621,658	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	1,729,558	773,093	2,502,651	0	2,502,651	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	268,837	268,837	-268,837	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	754,529	594,174	1,348,703	0	1,348,703	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	30,117,790	70,311,445	100,429,235	-272,452	100,156,783	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	68,465	36,443	104,908	0	104,908	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,775,404	719,274	2,494,678	-7,706	2,486,972	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	65,975	37,152	103,127	0	103,127	194.00
194.02	07951 CHILDREN'S CLINIC	160,503	96,153	256,656	0	256,656	194.02
194.04	07952 HEALTH RESOURCE CENTER	23,423	7,053	30,476	0	30,476	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	0	0	307,620	307,620	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	143,954	61,090	205,044	0	205,044	194.07
194.10	07955 DME	776,344	2,274,580	3,050,924	3,879	3,054,803	194.10
194.12	07956 MED ONE/TWO	0	-5,682	-5,682	0	-5,682	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	295	295	0	295	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	4,476	4,476	194.15
194.16	07960 MOB	0	614	614	-31	583	194.16
194.17	07961 ASB	0	48,307	48,307	-32,958	15,349	194.17
194.18	07962 MAB	0	11,592	11,592	-2,828	8,764	194.18
200.00	TOTAL (SUM OF LINES 118-199)	33,131,858	73,598,316	106,730,174	0	106,730,174	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,006,184	2,518,721	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.01
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	304,631	2,166,252	4.00
5.01	00510	NONPATIENT TELEPHONES	-83,067	287,285	5.01
5.02	00520	DATA PROCESSING	0	157,141	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	-336,927	94,459	5.03
5.04	00540	ADMINITTING	47,001	786,814	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	-256,666	1,191,785	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,789,270	27,918,853	5.06
6.00	00600	MAINTENANCE & REPAIRS	-301,172	3,249,694	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-236	287,283	8.00
9.00	00900	HOUSEKEEPING	-4,412	1,112,262	9.00
10.00	01000	DIETARY	-389,107	252,254	10.00
11.00	01100	CAFETERIA	0	891,869	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	423,857	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	494,535	14.00
15.00	01500	PHARMACY	0	2,544,662	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-442,935	592,233	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED PRGM	-655	60,616	23.00
23.01	02301	SCH OF RADIOLOGY	0	73,286	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,441	8,904,780	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,257,448	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-10,886	663,808	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-470,746	3,438,359	50.00
50.01	05001	SURGERY CENTER	-40,876	2,041,227	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	42,831	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-85,866	3,728,734	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-11,325	1,250,715	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
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	-39,260	3,785,899	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	482,302	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-25,830	817,821	65.00
66.00	06600	PHYSICAL THERAPY	-1,140	1,124,151	66.00
67.00	06700	OCCUPATIONAL THERAPY	-250	752,859	67.00
68.00	06800	SPEECH PATHOLOGY	0	137,460	68.00
69.00	06900	ELECTROCARDIOLOGY	-7,050	1,129,460	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,897	316,586	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,671,911	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,951,705	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,812,941	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	CHEMOTHERAPY	0	727,193	76.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	172,062	90.01
91.00	09100 EMERGENCY	-4,094,700	2,526,958	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	-15,957	2,486,694	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	19,182	1,367,885	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-3,461,133	96,695,650	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	-34,858	70,050	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-335,137	2,151,835	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 FOUNDATION	0	103,127	194.00
194.02	07951 CHILDREN'S CLINIC	-15,239	241,417	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	30,476	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	307,620	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	205,044	194.07
194.10	07955 DME	-315,543	2,739,260	194.10
194.12	07956 MED ONE/TWO	-80	-5,762	194.12
194.13	07957 UNUSED SPACE	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	295	194.14
194.15	07959 PHYSICIANS RECRUITING	0	4,476	194.15
194.16	07960 MOB	0	583	194.16
194.17	07961 ASB	0	15,349	194.17
194.18	07962 MAB	0	8,764	194.18
200.00	TOTAL (SUM OF LINES 118-199)	-4,161,990	102,568,184	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet Non-CMS W Date/Time Prepared: 11/27/2013 9:55 am
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
1.01	NEW CAP REL COSTS-BLDG & FIXT	00101		1.01
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	NONPATIENT TELEPHONES	00510		5.01
5.02	DATA PROCESSING	00520		5.02
5.03	PURCHASING RECEIVING AND STORES	00530		5.03
5.04	ADMINISTRATIVE	00540		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00550		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	00560		5.06
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
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
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
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
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	PARAMEDICAL PRGM	02300		23.00
23.01	SCH OF RADIOLOGY	02301		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00	SUBPROVIDER - I/P	04000		40.00
41.00	SUBPROVIDER - I/R	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
45.01	ICF/MR	04510	ICF/MR	45.01
46.00	OTHER LONG TERM CARE	04600		46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
50.01	SURGERY CENTER	05001		50.01
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
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
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet Non-CMS W
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
76.00	CHEMOTHERAPY	03020		76.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	ANDERSON CENTER OP CLINIC	09001		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
112.00	OTHER ORGAN ACQUISITION	08600		112.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	FOUNDATION	07950		194.00
194.02	CHILDREN'S CLINIC	07951		194.02
194.04	HEALTH RESOURCE CENTER	07952		194.04
194.05	ADOLESCENT RESIDENTIAL	07953		194.05
194.07	COMMUNITY BENEFIT/MISSION	07954		194.07
194.10	DME	07955		194.10
194.12	MED ONE/TWO	07956		194.12
194.13	UNUSED SPACE	07957		194.13
194.14	ADVERTISING AND MARKETING	07958		194.14
194.15	PHYSICIANS RECRUITING	07959		194.15
194.16	MOB	07960		194.16
194.17	ASB	07961		194.17
194.18	MAB	07962		194.18
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet A-6
Date/Time Prepared:
11/27/2013 9:56 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - PHARMACY/IV RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,812,941	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	9,812,941	
B - ANESTHESIA RECLASS					
1.00	ANESTHESIOLOGY	53.00	0	42,831	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	42,831	
D - CAFETERIA/CLASSIC CATERING RECLASS					
1.00	CAFETERIA	11.00	51,532	840,337	1.00
	TOTALS		51,532	840,337	
E - MAB OTHER EXPENSE					
1.00	NONPATIENT TELEPHONES	5.01	0	185	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	1,107	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	613	3.00
4.00	ELECTROCARDIOLOGY	69.00	0	785	4.00
	TOTALS		0	2,690	
F - MAB DEPRECIATION EXPENSE					
1.00	MAINTENANCE & REPAIRS	6.00	0	15,757	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,731	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	11,166	3.00
4.00	NONPATIENT TELEPHONES	5.01	0	2,640	4.00
	TOTALS		0	38,294	
G - MOB OTHER EXPENSE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26	2.00
	TOTALS		0	31	
I - PROPERTY TAX RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	39,361	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	39,361	
J - INTEREST EXPENSE RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	268,837	1.00
	TOTALS		0	268,837	
K - ANDERSON CENTER OUTPATIENT RECLASS					
1.00	ANDERSON CENTER OP CLINIC	90.01	133,177	38,885	1.00
	TOTALS		133,177	38,885	
L - WHOLE BLOOD RECLASS					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	482,302	1.00
	TOTALS		0	482,302	
M - CAPITAL RELATED DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,137,527	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
	TOTALS		0	1,137,527	
N - ADOLESCENT RESIDENTIAL RECLASS					
1.00	ADOLESCENT RESIDENTIAL	194.05	238,100	69,520	1.00
	TOTALS		238,100	69,520	
P - PHYSICIANS RECRUITMENT RECLASS					
1.00	PHYSICIANS RECRUITING	194.15	0	4,476	1.00
	TOTALS		0	4,476	
R - ASB OTHER EXPENSE					
1.00	OPERATING ROOM	50.00	0	1,789	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,983	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,023	3.00
4.00	PHYSICAL THERAPY	66.00	0	3,360	4.00
5.00	CHEMOTHERAPY	76.00	0	1,198	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	925	6.00
7.00	DME	194.10	0	3,194	7.00
	TOTALS		0	22,472	
S - ASB DEPRECIATION EXPENSE					
1.00	OPERATING ROOM	50.00	0	835	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,325	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,277	3.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	PHYSICAL THERAPY	66.00	0	1,568	4.00
5.00	CHEMOTHERAPY	76.00	0	559	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	432	6.00
7.00	DME	194.10	0	1,490	7.00
	TOTALS		0	10,486	
T - PHYSICIAN					
1.00	ADULTS & PEDIATRICS	30.00	0	45,000	1.00
	TOTALS		0	45,000	
U - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	52,124	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	52,124	
V - RAD TECH PARAMED					
1.00	SCH OF RADIOLOGY	23.01	17,328	0	1.00
	TOTALS		17,328	0	
Y - INFECTION CONTROL					
1.00	ADULTS & PEDIATRICS	30.00	7,292	0	1.00
	TOTALS		7,292	0	
AB - MEDICAL SUPPLIES & IMPLANTABLE DEVIC					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,687,895	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	1,951,705	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	3,639,600	
AC - PHYSICIAN FEES RECLASS					
1.00	OPERATING ROOM	50.00	0	366,692	1.00
	TOTALS		0	366,692	
500.00	Grand Total: Increases		447,429	16,914,406	500.00

RECLASSIFICATIONS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet A-6
Date/Time Prepared:
11/27/2013 9:56 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PHARMACY/IV RECLASS							
1.00	PHARMACY	15.00	0	5,293,705	0		1.00
2.00	CHEMOTHERAPY	76.00	0	4,519,236	0		2.00
	TOTALS		0	9,812,941			
B - ANESTHESIA RECLASS							
1.00	OPERATING ROOM	50.00	0	7,916	0		1.00
2.00	SURGERY CENTER	50.01	0	18,931	0		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	15,984	0		3.00
	TOTALS		0	42,831			
D - CAFETERIA/CLASSIC CATERING RECLASS							
1.00	DIETARY	10.00	51,532	840,337	0		1.00
	TOTALS		51,532	840,337			
E - MAB OTHER EXPENSE							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	MAB	194.18	0	2,690	0		4.00
	TOTALS		0	2,690			
F - MAB DEPRECIATION EXPENSE							
1.00	MAB	194.18	0	138	9		1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	38,156	9		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	9		4.00
	TOTALS		0	38,294			
G - MOB OTHER EXPENSE							
1.00		0.00	0	0	0		1.00
2.00	MOB	194.16	0	31	0		2.00
	TOTALS		0	31			
I - PROPERTY TAX RECLASS							
1.00	PHARMACY	15.00	0	2,419	9		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,420	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	3,717	0		3.00
4.00	DME	194.10	0	805	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	30,000	0		5.00
	TOTALS		0	39,361			
J - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	268,837	11		1.00
	TOTALS		0	268,837			
K - ANDERSON CENTER OUTPATIENT RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	133,177	38,885	0		1.00
	TOTALS		133,177	38,885			
L - WHOLE BLOOD RECLASS							
1.00	LABORATORY	60.00	0	482,302	0		1.00
	TOTALS		0	482,302			
M - CAPITAL RELATED DEPRECIATION RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,048,415	9		1.00
2.00	SURGERY CENTER	50.01	0	17,075	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	62,974	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	9,063	0		4.00
	TOTALS		0	1,137,527			
N - ADOLESCENT RESIDENTIAL RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	238,100	69,520	0		1.00
	TOTALS		238,100	69,520			
P - PHYSICIANS RECRUITMENT RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,476	0		1.00
	TOTALS		0	4,476			
R - ASB OTHER EXPENSE							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00	ASB	194.17	0	22,472	0		7.00
	TOTALS		0	22,472			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
S - ASB DEPRECIATION EXPENSE							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00	ASB	194.17	0	10,486	0		7.00
	TOTALS		0	10,486			
T - PHYSICIAN							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45,000	0		1.00
	TOTALS		0	45,000			
U - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	52,124	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	52,124			
V - RAD TECH PARAMED							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	17,328	0	0		1.00
	TOTALS		17,328	0			
Y - INFECTION CONTROL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	7,292	0	0		1.00
	TOTALS		7,292	0			
AB - MEDICAL SUPPLIES & IMPLANTABLE DEVIC							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	419,522	0		1.00
2.00	PHARMACY	15.00	0	48,002	0		2.00
3.00	OPERATING ROOM	50.00	0	2,374,173	0		3.00
4.00	SURGERY CENTER	50.01	0	797,903	0		4.00
	TOTALS		0	3,639,600			
AC - PHYSICIAN FEES RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	366,692	0		1.00
	TOTALS		0	366,692			
500.00	Grand Total : Decreases		447,429	16,914,406			500.00

RECLASSIFICATIONS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/27/2013 9:56 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - PHARMACY/IV RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0
2.00		0.00	0	CHEMOTHERAPY	76.00	0
	TOTALS		0	TOTALS		0
B - ANESTHESIA RECLASS						
1.00	ANESTHESIOLOGY	53.00	0	OPERATING ROOM	50.00	0
2.00		0.00	0	SURGERY CENTER	50.01	0
3.00		0.00	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0
	TOTALS		0	TOTALS		0
D - CAFETERIA/CLASSIC CATERING RECLASS						
1.00	CAFETERIA	11.00	51,532	DIETARY	10.00	51,532
	TOTALS		51,532	TOTALS		51,532
E - MAB OTHER EXPENSE						
1.00	NONPATIENT TELEPHONES	5.01	0		0.00	0
2.00	MAINTENANCE & REPAIRS	6.00	0		0.00	0
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0		0.00	0
4.00	ELECTROCARDIOLOGY	69.00	0	MAB	194.18	0
	TOTALS		0	TOTALS		0
F - MAB DEPRECIATION EXPENSE						
1.00	MAINTENANCE & REPAIRS	6.00	0	MAB	194.18	0
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0
3.00	ELECTROCARDIOLOGY	69.00	0		0.00	0
4.00	NONPATIENT TELEPHONES	5.01	0		0.00	0
	TOTALS		0	TOTALS		0
G - MOB OTHER EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0		0.00	0
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	MOB	194.16	0
	TOTALS		0	TOTALS		0
I - PROPERTY TAX RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	PHARMACY	15.00	0
2.00		0.00	0	ADULTS & PEDIATRICS	30.00	0
3.00		0.00	0	ELECTROCARDIOLOGY	69.00	0
4.00		0.00	0	DME	194.10	0
5.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
	TOTALS		0	TOTALS		0
J - INTEREST EXPENSE RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0
	TOTALS		0	TOTALS		0
K - ANDERSON CENTER OUTPATIENT RECLASS						
1.00	ANDERSON CENTER OP CLINIC	90.01	133,177	ADULTS & PEDIATRICS	30.00	133,177
	TOTALS		133,177	TOTALS		133,177
L - WHOLE BLOOD RECLASS						
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	LABORATORY	60.00	0
	TOTALS		0	TOTALS		0
M - CAPITAL RELATED DEPRECIATION RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0
2.00		0.00	0	SURGERY CENTER	50.01	0
3.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
4.00		0.00	0	PHYSICIANS' PRIVATE OFFICES	192.00	0
	TOTALS		0	TOTALS		0
N - ADOLESCENT RESIDENTIAL RECLASS						
1.00	ADOLESCENT RESIDENTIAL	194.05	238,100	ADULTS & PEDIATRICS	30.00	238,100
	TOTALS		238,100	TOTALS		238,100
P - PHYSICIANS RECRUITMENT RECLASS						
1.00	PHYSICIANS RECRUITING	194.15	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
	TOTALS		0	TOTALS		0
R - ASB OTHER EXPENSE						
1.00	OPERATING ROOM	50.00	0		0.00	0
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0		0.00	0
3.00	RADIOLOGY-THERAPEUTIC	55.00	0		0.00	0
4.00	PHYSICAL THERAPY	66.00	0		0.00	0
5.00	CHEMOTHERAPY	76.00	0		0.00	0
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0		0.00	0
7.00	DME	194.10	0	ASB	194.17	0

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
TOTALS			TOTALS			0
S - ASB DEPRECIATION EXPENSE						
1.00	OPERATING ROOM	50.00	0	0.00	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	0.00	0	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	0.00	0	3.00
4.00	PHYSICAL THERAPY	66.00	0	0.00	0	4.00
5.00	CHEMOTHERAPY	76.00	0	0.00	0	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	0.00	0	6.00
7.00	DME	194.10	0	ASB	194.17	7.00
TOTALS			TOTALS			0
T - PHYSICIAN						
1.00	ADULTS & PEDIATRICS	30.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	1.00
TOTALS			TOTALS			0
U - PROPERTY INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	1.00
TOTALS			TOTALS			0
V - RAD TECH PARAMED						
1.00	SCH OF RADIOLOGY	23.01	17,328	RADIOLOGY-DIAGNOSTIC	54.00	1.00
TOTALS			TOTALS			17,328
Y - INFECTION CONTROL						
1.00	ADULTS & PEDIATRICS	30.00	7,292	OTHER ADMINISTRATIVE AND GENERAL	5.06	1.00
TOTALS			TOTALS			7,292
AB - MEDICAL SUPPLIES & IMPLANTABLE DEVIC						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	CENTRAL SERVICES & SUPPLY	14.00	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	PHARMACY	15.00	2.00
3.00		0.00	0	OPERATING ROOM	50.00	3.00
4.00		0.00	0	SURGERY CENTER	50.01	4.00
TOTALS			TOTALS			0
AC - PHYSICIAN FEES RECLASS						
1.00	OPERATING ROOM	50.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	1.00
TOTALS			TOTALS			0
500.00	Grand Total: Increases		447,429	Grand Total: Decreases		447,429
						500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
11/27/2013 9:55 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,292,602	0	0	0	1.00
2.00	Land Improvements	2,430,620	0	0	861,675	2.00
3.00	Buildings and Fixtures	44,849,897	0	0	2,016,815	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	38,110,151	359,943	0	6,385,948	5.00
6.00	Movable Equipment	46,024,927	2,951,866	0	1,248,798	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	136,708,197	3,311,809	0	10,513,236	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	136,708,197	3,311,809	0	10,513,236	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,292,602	0			1.00
2.00	Land Improvements	1,568,945	672,746			2.00
3.00	Buildings and Fixtures	42,833,082	3,542,635			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	32,084,146	15,268,945			5.00
6.00	Movable Equipment	47,727,995	31,043,101			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	129,506,770	50,527,427			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	129,506,770	50,527,427			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,101,259	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	1,101,259	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	1,101,259				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.01
3.00	Total (sum of lines 1-2)	0	1,101,259				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	74,917,228	1,548,025	73,369,203	1.000000	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
3.00	Total (sum of lines 1-2)	74,917,228	1,548,025	73,369,203	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	2,639,940	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	0	0	0	2,639,940	0	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	-173,343	52,124	0	0	2,518,721	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	-173,343	52,124	0	0	2,518,721	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet A-8

Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-268,837	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT		1.01	0	1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***		2.00	0	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-48,401	NONPATIENT TELEPHONES		5.01	0	7.00
8.00 Television and radio service (chapter 21)	A	-26	MAINTENANCE & REPAIRS		6.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,616,099				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	19,099,071				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	A	-364,204	DIETARY		10.00	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	-18,268	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	-22,153	DIETARY		10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.01	0	26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***		2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS		30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet A-8

Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			3.00	4.00			
		1.00	2.00	5.00			
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC. INCOME	B	-170,045	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.04	PENSION EXPENSE	A	-374,556	EMPLOYEE BENEFITS	4.00	0	33.04
33.07			0		0.00	0	33.07
33.11			0		0.00	0	33.11
33.14	MISC. INCOME	B	-236	LAUNDRY & LINEN SERVICE	8.00	0	33.14
33.18			0		0.00	0	33.18
34.00			0		0.00	0	34.00
35.00	MISC INCOME	B	-864	ELECTROCARDIOLOGY	69.00	0	35.00
35.03	MISC INCOME	B	-415	RADIOLOGY-THERAPEUTIC	55.00	0	35.03
35.08	MISC INCOME	B	-655	PARAMED ED PRGM	23.00	0	35.08
35.09	MISC INCOME	B	-357	ADULTS & PEDIATRICS	30.00	0	35.09
35.11	MISC INCOME	B	-738	OPERATING ROOM	50.00	0	35.11
35.13	MISC INCOME	B	-40,876	SURGERY CENTER	50.01	0	35.13
35.14	MISC INCOME	B	-86,793	RADIOLOGY-DIAGNOSTIC	54.00	0	35.14
35.16	MISC INCOME	B	-39,181	LABORATORY	60.00	0	35.16
35.17	MISC INCOME	B	-546	RESPIRATORY THERAPY	65.00	0	35.17
35.18	MISC INCOME	B	-1,140	PHYSICAL THERAPY	66.00	0	35.18
35.20	MISC INCOME	B	-250	OCCUPATIONAL THERAPY	67.00	0	35.20
35.21	MISC INCOME	B	-2,340	ELECTROENCEPHALOGRAPHY	70.00	0	35.21
35.22	MISC INCOME	B	-175	HOME HEALTH AGENCY	101.00	0	35.22
35.23	MISC INCOME	B	-34,858	RESEARCH	191.00	0	35.23
35.24	MISC INCOME	B	-20	PHYSICIANS' PRIVATE OFFICES	192.00	0	35.24
35.25	MISC INCOME	B	-40	CHILDREN'S CLINIC	194.02	0	35.25
35.26	MISC INCOME	B	-197	DME	194.10	0	35.26
35.27	MISC INCOME	B	-19	MED ONE/TWO	194.12	0	35.27
36.00	PHYSICIANS' PHONE SERVICE	A	-22,954	NONPATIENT TELEPHONES	5.01	0	36.00
36.01	BAD DEBT & RECOVERIES	A	-6,467,698	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.01
36.02			0		0.00	0	36.02
36.03	BAD DEBT & RECOVERIES	A	-2,424	ADULTS & PEDIATRICS	30.00	0	36.03
36.04	BAD DEBT & RECOVERIES	A	-15,199	CHILDREN'S CLINIC	194.02	0	36.04
36.05	BAD DEBT & RECOVERIES	A	-315,339	DME	194.10	0	36.05
36.06	BAD DEBT & RECOVERIES	A	-133,162	PHYSICIANS' PRIVATE OFFICES	192.00	0	36.06
36.07			0		0.00	0	36.07
36.08			0		0.00	0	36.08
36.10	BAD DEBT & RECOVERIES	A	-15,782	HOME HEALTH AGENCY	101.00	0	36.10
36.11	INCOME/SALES TAX	A	-28,641	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.11
36.12	INCOME/SALES TAX	A	-61	MED ONE/TWO	194.12	0	36.12
36.13	INCOME/SALES TAX	A	-720	ADMINISTRATIVE	5.04	0	36.13
36.15	INCOME/SALES TAX	A	-54	MAINTENANCE & REPAIRS	6.00	0	36.15
36.16	INCOME/SALES TAX	A	-2,750	DIETARY	10.00	0	36.16
36.17	INCOME/SALES TAX	A	-11	ELECTROCARDIOLOGY	69.00	0	36.17
36.18	INCOME/SALES TAX	A	-7	DME	194.10	0	36.18
36.19	INCOME/SALES TAX	A	-79	LABORATORY	60.00	0	36.19
36.20			0		0.00	0	36.20
37.00			0		0.00	0	37.00
37.01	CARRYFORWARD ADJUSTMENTS	A	-9,715	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	37.01
37.03	PHYSICIAN OFFICE DEPRECIATION	A	-5,218	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	37.03
37.04			0		0.00	0	37.04
37.09	MAB DEPRECIATION IN CAP REL	A	-118,575	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	37.09
38.00			0		0.00	0	38.00
38.04	IHHA LOBBYING DUES	A	-7,719	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.04
38.06	BILLING FEES	A	-86,330	PHYSICIANS' PRIVATE OFFICES	192.00	0	38.06
38.07			0		0.00	0	38.07
38.09			0		0.00	0	38.09
38.10	A&G DUES & MEMBERSHIP	A	-1,084	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.10
39.00	A&G PURCHASED SERVICES	A	-62,113	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
39.01 CORPORATI ON ADMINI STRATI ON TRAVEL &	A	-7,443	OTHER ADMINI STRATI VE AND GENERAL	5.06	0 39.01
40.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0 40.00
41.00		0		0.00	0 41.00
42.00 MI SC REVENUE LEASED BLDGS	B	-480	NONPATI ENT TELEPHONES	5.01	0 42.00
43.00 MI SC REVENUE LEASED BLDGS	B	-44,463	OTHER ADMINI STRATI VE AND GENERAL	5.06	0 43.00
44.00 MI SC REVENUE LEASED BLDGS	B	-223,494	MAI NTENANCE & REPAI RS	6.00	0 44.00
44.03 MI SC REVENUE LEASED BLDGS	B	-5,372	HOUSEKEEPI NG	9.00	0 44.03
44.04 MI SC REVENUE LEASED BLDGS	B	-39,132	PHYSI CI ANS' PRI VATE OFFI CES	192.00	0 44.04
45.00 CHARGEBACKS	A	7,200	EMPLOYEE BENEFI TS	4.00	0 45.00
45.01 CHARGEBACKS	A	-329,145	PURCHASI NG RECEI VI NG AND STORES	5.03	0 45.01
45.02 CHARGEBACKS	A	47,721	ADMI TTI NG	5.04	0 45.02
45.03 CHARGEBACKS	A	-152,646	CASHI RI NG/ACCOUNTS RECEI VABLE	5.05	0 45.03
45.04 CHARGEBACKS	A	-81,854	OTHER ADMINI STRATI VE AND GENERAL	5.06	0 45.04
45.05 CHARGEBACKS	A	9,701	MAI NTENANCE & REPAI RS	6.00	0 45.05
45.06 CHARGEBACKS	A	-318,004	MEDI CAL RECORDS & LI BRARY	16.00	0 45.06
45.07 CHARGEBACKS	A	-19,105	RADI OLOGY-DI AGNOSTI C	54.00	0 45.07
45.08 CHARGEBACKS	A	17,862	HOSPI CE	116.00	0 45.08
45.09 CHARGEBACKS	A	-241,136	EMPLOYEE BENEFI TS	4.00	0 45.09
45.10 CHARGEBACKS	A	2,419	ADULTS & PEDI ATRI CS	30.00	0 45.10
45.11 CHARGEBACKS	A	78	PHYSI CI ANS' PRI VATE OFFI CES	192.00	0 45.11
45.12 CHARGEBACKS	A	-11,232	NONPATI ENT TELEPHONES	5.01	0 45.12
45.13 CHARGEBACKS	A	-7,782	PURCHASI NG RECEI VI NG AND STORES	5.03	0 45.13
45.14 CHARGEBACKS	A	-104,020	CASHI RI NG/ACCOUNTS RECEI VABLE	5.05	0 45.14
45.15 CHARGEBACKS	A	-56,275	OTHER ADMINI STRATI VE AND GENERAL	5.06	0 45.15
45.16 CHARGEBACKS	A	485	MAI NTENANCE & REPAI RS	6.00	0 45.16
45.17 CHARGEBACKS	A	960	HOUSEKEEPI NG	9.00	0 45.17
45.18 CHARGEBACKS	A	-106,663	MEDI CAL RECORDS & LI BRARY	16.00	0 45.18
45.19		0		0.00	0 45.19
45.20 CHARGEBACKS	A	-1,325	ADULTS & PEDI ATRI CS	30.00	0 45.20
45.21 CHARGEBACKS	A	20,032	RADI OLOGY-DI AGNOSTI C	54.00	0 45.21
45.22 CHARGEBACKS	A	-6,175	ELECTROCARDI OLOGY	69.00	0 45.22
45.23 CHARGEBACKS	A	1,320	HOSPI CE	116.00	0 45.23
45.24 CHARGEBACKS	A	-76,571	PHYSI CI ANS' PRI VATE OFFI CES	192.00	0 45.24
45.25 CHARGEBACKS	A	-1,662,739	OTHER ADMINI STRATI VE AND GENERAL	5.06	0 45.25
45.26 CHARGEBACKS	A	-508,584	OTHER ADMINI STRATI VE AND GENERAL	5.06	0 45.26
45.27 CHARGEBACKS	A	-5,977,275	OTHER ADMINI STRATI VE AND GENERAL	5.06	0 45.27
45.28		0		0.00	0 45.28
45.29		0		0.00	0 45.29
45.30		0		0.00	0 45.30
45.31		0		0.00	0 45.31
45.32		0		0.00	0 45.32
45.33		0		0.00	0 45.33
45.34		0		0.00	0 45.34
45.35		0		0.00	0 45.35
45.36		0		0.00	0 45.36
45.37		0		0.00	0 45.37
45.38		0		0.00	0 45.38
45.39		0		0.00	0 45.39
45.40		0		0.00	0 45.40
45.41		0		0.00	0 45.41
45.42		0		0.00	0 45.42
45.43		0		0.00	0 45.43
45.44		0		0.00	0 45.44
45.45		0		0.00	0 45.45
45.46		0		0.00	0 45.46
45.47		0		0.00	0 45.47
45.48		0		0.00	0 45.48
45.49		0		0.00	0 45.49
45.50		0		0.00	0 45.50

Provider CCN: 150088

Period:
 From 01/01/2013
 To 06/30/2013

Worksheet A-8

Date/Time Prepared:
 11/27/2013 9:55 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		3.00
45.51		0		0.00	0	45.51
45.52		0		0.00	0	45.52
45.53		0		0.00	0	45.53
45.54		0		0.00	0	45.54
45.55		0		0.00	0	45.55
45.56		0		0.00	0	45.56
45.57		0		0.00	0	45.57
45.58		0		0.00	0	45.58
45.59		0		0.00	0	45.59
45.60		0		0.00	0	45.60
45.61		0		0.00	0	45.61
45.62		0		0.00	0	45.62
45.63		0		0.00	0	45.63
45.64		0		0.00	0	45.64
45.65		0		0.00	0	45.65
45.66		0		0.00	0	45.66
45.67		0		0.00	0	45.67
45.68		0		0.00	0	45.68
45.69		0		0.00	0	45.69
45.70		0		0.00	0	45.70
45.71		0		0.00	0	45.71
45.72		0		0.00	0	45.72
45.73		0		0.00	0	45.73
45.74		0		0.00	0	45.74
45.75		0		0.00	0	45.75
45.76		0		0.00	0	45.76
45.77		0		0.00	0	45.77
45.78		0		0.00	0	45.78
45.79		0		0.00	0	45.79
45.80		0		0.00	0	45.80
45.81		0		0.00	0	45.81
45.82		0		0.00	0	45.82
45.83		0		0.00	0	45.83
45.84		0		0.00	0	45.84
45.85		0		0.00	0	45.85
45.86		0		0.00	0	45.86
45.87		0		0.00	0	45.87
45.88		0		0.00	0	45.88
45.89		0		0.00	0	45.89
45.90		0		0.00	0	45.90
45.91		0		0.00	0	45.91
45.92		0		0.00	0	45.92
45.93		0		0.00	0	45.93
45.94		0		0.00	0	45.94
45.95		0		0.00	0	45.95
45.96		0		0.00	0	45.96
45.97		0		0.00	0	45.97
45.98		0		0.00	0	45.98
45.99		0		0.00	0	45.99
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-4,161,990				50.00

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

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet A-8-1

Date/Time Prepared:
11/27/2013 9:55 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	6.00	MAINTENANCE & REPAIRS	SVHEALTH TRIMEDIX	1,311,771	1,399,555	1.00
2.00	4.00	EMPLOYEE BENEFITS	SVHEALTH-HOME OFFICE-SELF INS	6,127,206	5,214,083	2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	SVHEALTH-HOME OFFICE-NEW	1,581,872	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	SVHEALTH-HOME OFFICE-A&G	16,891,263	0	4.00
4.60	1.00	NEW CAP REL COSTS-BLDG & FIXT	SVHEALTH-INTEREST	46,881	220,224	4.60
4.70	5.06	OTHER ADMINISTRATIVE AND GENERAL	SVHEALTH-CAP INTEREST	9,410	35,470	4.70
4.80	0.00			0	0	4.80
4.90	0.00			0	0	4.90
5.00	0			25,968,403	6,869,332	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		0.00	ST VINCENT HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet A-8-1 Date/Time Prepared: 11/27/2013 9:55 am
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	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	-87,784	0	1.00
2.00	913,123	0	2.00
3.00	1,581,872	9	3.00
4.00	16,891,263	0	4.00
4.60	-173,343	11	4.60
4.70	-26,060	0	4.70
4.80	0	0	4.80
4.90	0	0	4.90
5.00	19,099,071		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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTH SYSTEM	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: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet A-8-2

Date/Time Prepared:
11/27/2013 9:56 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	31.00	INTENSIVE CARE UNIT	170,104	0	170,104	136,700	4,280	1.00
2.00	41.00	SUBPROVIDER - IRF	52,500	0	52,500	171,400	505	2.00
3.00	65.00	RESPIRATORY THERAPY	45,000	0	45,000	136,700	300	3.00
4.00	50.00	OPERATING ROOM	107,917	107,917	0	171,400	0	4.00
5.00	50.00	OPERATING ROOM	366,692	351,467	15,225	136,700	70	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	4,500	0	4,500	136,700	60	6.00
7.00	91.00	EMERGENCY	4,139,445	3,877,767	261,678	171,400	543	7.00
8.00	30.00	ADULTS & PEDIATRICS	7,292	0	7,292	171,400	44	8.00
9.00	30.00	ADULTS & PEDIATRICS	500	0	500	171,400	5	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	17,502	0	17,502	171,400	80	10.00
200.00			4,911,452	4,337,151	574,301		5,887	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	31.00	INTENSIVE CARE UNIT	281,286	14,064	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	41,614	2,081	0	0	0	2.00
3.00	65.00	RESPIRATORY THERAPY	19,716	986	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	4,601	230	0	0	0	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	3,943	197	0	0	0	6.00
7.00	91.00	EMERGENCY	44,745	2,237	0	0	0	7.00
8.00	30.00	ADULTS & PEDIATRICS	3,626	181	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	412	21	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	6,592	330	0	0	0	10.00
200.00			406,535	20,327	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	31.00	INTENSIVE CARE UNIT	0	281,286	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	0	41,614	10,886	10,886	2.00
3.00	65.00	RESPIRATORY THERAPY	0	19,716	25,284	25,284	3.00
4.00	50.00	OPERATING ROOM	0	0	0	107,917	4.00
5.00	50.00	OPERATING ROOM	0	4,601	10,624	362,091	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	0	3,943	557	557	6.00
7.00	91.00	EMERGENCY	0	44,745	216,933	4,094,700	7.00
8.00	30.00	ADULTS & PEDIATRICS	0	3,626	3,666	3,666	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	412	88	88	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	6,592	10,910	10,910	10.00
200.00			0	406,535	278,948	4,616,099	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	2,518,721	2,518,721				1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT	0	0	0			1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,166,252	33,365	0	2,199,617		4.00
5.01 00510 NONPATIENT TELEPHONES	287,285	339	0	7,942	295,566	5.01
5.02 00520 DATA PROCESSING	157,141	55,842	0	6,114	2,448	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	94,459	16,599	0	22,053	3,148	5.03
5.04 00540 ADMINISTRATION	786,814	4,585	0	37,980	5,597	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	1,191,785	44,587	0	40,839	8,395	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	27,918,853	165,732	0	287,113	32,530	5.06
6.00 00600 MAINTENANCE & REPAIRS	3,249,694	300,340	0	58,034	10,493	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	287,283	42,405	0	0	1,049	8.00
9.00 00900 HOUSEKEEPING	1,112,262	53,752	0	0	3,848	9.00
10.00 01000 DIETARY	252,254	149,963	0	1,751	1,049	10.00
11.00 01100 CAFETERIA	891,869	0	0	4,185	2,798	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	423,857	26,313	0	21,348	3,848	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	494,535	85,447	0	14,879	2,099	14.00
15.00 01500 PHARMACY	2,544,662	25,963	0	97,780	7,695	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	592,233	28,091	0	45,664	13,991	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMEDICAL PRGM	60,616	700	0	2,502	0	23.00
23.01 02301 SCH OF RADIOLOGY	73,286	593	0	3,714	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	8,904,780	506,338	0	435,295	35,675	30.00
31.00 03100 INTENSIVE CARE UNIT	2,257,448	78,982	0	92,519	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	663,808	53,876	0	29,719	4,547	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,438,359	108,958	0	120,352	21,686	50.00
50.01 05001 SURGERY CENTER	2,041,227	0	0	887	6,996	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	42,831	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,728,734	91,368	0	127,568	26,234	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,250,715	0	0	26,721	5,247	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
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	3,785,899	67,582	0	1,366	16,090	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	482,302	0	0	0	700	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	817,821	38,456	0	36,690	2,099	65.00
66.00 06600 PHYSICAL THERAPY	1,124,151	46,807	0	46,995	6,996	66.00
67.00 06700 OCCUPATIONAL THERAPY	752,859	34,071	0	35,491	6,296	67.00
68.00 06800 SPEECH PATHOLOGY	137,460	0	0	3,354	1,049	68.00
69.00 06900 ELECTROCARDIOLOGY	1,129,460	46,128	0	41,916	6,646	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	316,586	62,733	0	14,197	8,395	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,671,911	0	0	0	700	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1,951,705	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	9,812,941	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/27/2013 9:55 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW BLDG & FIXT			
		0	1.00	1.01	4.00	5.01	
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CHEMOTHERAPY	727,193	0	0	27,588	3,498	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	172,062	18,856	0	8,923	0	90.01
91.00	09100 EMERGENCY	2,526,958	121,247	0	113,804	5,247	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	2,486,694	42,955	0	115,882	3,148	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	1,367,885	6,002	0	50,554	2,798	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	96,695,650	2,358,975	0	1,981,719	263,035	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,139	0	0	0	190.00
191.00	19100 RESEARCH	70,050	0	0	4,587	350	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,151,835	9,854	0	118,954	18,888	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	103,127	3,426	0	4,420	700	194.00
194.02	07951 CHILDREN'S CLINIC	241,417	0	0	10,754	0	194.02
194.04	07952 HEALTH RESOURCE CENTER	30,476	2,979	0	1,569	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	307,620	54,366	0	15,953	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	205,044	15,328	0	9,645	0	194.07
194.10	07955 DME	2,739,260	50,040	0	52,016	3,848	194.10
194.12	07956 MED ONE/TWO	-5,762	0	0	0	5,597	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	295	13,614	0	0	3,148	194.14
194.15	07959 PHYSICIANS RECRUITING	4,476	0	0	0	0	194.15
194.16	07960 MOB	583	0	0	0	0	194.16
194.17	07961 ASB	15,349	0	0	0	0	194.17
194.18	07962 MAB	8,764	0	0	0	0	194.18
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	102,568,184	2,518,721	0	2,199,617	295,566	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510						5.01
5.02	00520	221,545					5.02
5.03	00530	0	136,259				5.03
5.04	00540	0	357	835,333			5.04
5.05	00550	0	102	0	1,285,708		5.05
5.06	00560	2	3,705	7	11	28,407,953	5.06
6.00	00600	0	101	0	0	3,618,662	6.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	1,243	0	0	331,980	8.00
9.00	00900	0	0	0	0	1,169,862	9.00
10.00	01000	37	0	138	212	405,404	10.00
11.00	01100	0	0	0	0	898,852	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	67	0	0	475,433	13.00
14.00	01400	0	1,288	0	0	598,248	14.00
15.00	01500	0	0	0	0	2,676,100	15.00
16.00	01600	0	96	0	0	680,075	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	1	0	0	63,819	23.00
23.01	02301	0	0	0	0	77,593	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	13,135	5,841	49,495	76,174	10,026,733	30.00
31.00	03100	4,136	2,932	15,584	23,985	2,475,586	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	1,049	327	3,952	6,082	763,360	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	21,013	46,925	79,176	121,855	3,958,324	50.00
50.01	05001	10,616	17,132	40,002	61,564	2,178,424	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	2,670	0	10,059	15,482	71,042	53.00
54.00	05400	34,782	9,283	131,606	202,648	4,352,223	54.00
55.00	05500	7,756	157	29,227	44,981	1,364,804	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	22,440	6,020	84,556	130,136	4,114,089	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	665	0	2,507	3,858	490,032	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	5,432	1,967	20,468	31,501	954,434	65.00
66.00	06600	3,100	345	11,683	17,980	1,258,057	66.00
67.00	06700	2,609	50	9,830	15,128	856,334	67.00
68.00	06800	276	1,345	1,039	1,599	146,122	68.00
69.00	06900	8,247	2,455	31,073	47,823	1,313,748	69.00
70.00	07000	1,857	144	6,996	10,767	421,675	70.00
71.00	07100	5,598	4,129	21,095	32,466	1,735,899	71.00
72.00	07200	3,470	4,966	13,076	20,124	1,993,341	72.00
73.00	07300	20,209	11,961	76,147	117,193	10,038,451	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	21,975	2,681	82,803	127,436	993,174	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	384	0	1,445	2,225	203,895	90.01
91.00	09100 EMERGENCY	24,077	4,410	90,723	139,627	3,026,093	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	1,940	737	7,310	11,251	2,669,917	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	1,064	2,914	4,009	6,170	1,441,396	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	218,539	133,681	824,006	1,268,278	96,251,134	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	10,139	190.00
191.00	19100 RESEARCH	0	1	0	0	74,988	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,925	520	7,254	11,163	2,320,393	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	0	99	0	0	111,772	194.00
194.02	07951 CHILDREN'S CLINIC	320	455	1,205	1,854	256,005	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	0	0	0	35,024	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	743	406	2,800	4,309	386,197	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	18	9	67	103	230,214	194.07
194.10	07955 DME	0	1,047	0	0	2,846,211	194.10
194.12	07956 MED ONE/TWO	0	0	1	1	-163	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	17,057	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	4,476	194.15
194.16	07960 MOB	0	0	0	0	583	194.16
194.17	07961 ASB	0	41	0	0	15,390	194.17
194.18	07962 MAB	0	0	0	0	8,764	194.18
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	221,545	136,259	835,333	1,285,708	102,568,184	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	28,407,953					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,386,168	5,004,830				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	127,169	113,544	0	572,693		8.00
9.00	00900	HOUSEKEEPING	448,129	143,925	0	0	1,761,916	9.00
10.00	01000	DIETARY	155,294	401,538	0	0	41,851	10.00
11.00	01100	CAFETERIA	344,315	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	182,120	70,455	0	0	6,348	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	229,165	228,791	0	5,026	24,734	14.00
15.00	01500	PHARMACY	1,025,110	69,517	0	0	9,544	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	260,510	75,215	0	0	5,078	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	24,447	1,875	0	0	0	23.00
23.01	02301	SCH OF RADIOLOGY	29,723	1,587	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,840,850	1,355,332	0	219,905	718,212	30.00
31.00	03100	INTENSIVE CARE UNIT	948,300	211,480	0	70,937	125,861	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	292,413	144,256	0	24,982	100,951	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,516,280	291,744	0	62,010	164,954	50.00
50.01	05001	SURGERY CENTER	834,469	0	0	28,078	48,068	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	27,213	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,667,167	244,644	0	42,746	71,927	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	522,803	0	0	7,335	15,410	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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	1,575,947	180,955	0	0	43,778	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	187,712	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	365,606	102,970	0	0	6,348	65.00
66.00	06600	PHYSICAL THERAPY	481,913	125,330	0	13,756	46,448	66.00
67.00	06700	OCCUPATIONAL THERAPY	328,028	91,228	0	0	2,495	67.00
68.00	06800	SPEECH PATHOLOGY	55,974	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	503,246	123,512	0	799	59,669	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	161,527	167,972	0	1,014	42,377	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	664,955	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	763,571	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,845,340	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CHEMOTHERAPY	380,446	0	0	5,328	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	78,104	50,490	0	0	0	90.01
91.00	09100 EMERGENCY	1,159,178	324,649	0	84,590	159,438	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	1,022,741	115,016	0	0	6,348	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	552,143	16,070	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	25,988,076	4,652,095	0	566,506	1,699,839	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,884	27,149	0	0	0	190.00
191.00	19100 RESEARCH	28,725	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	888,852	26,384	0	4,306	14,228	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	42,815	9,175	0	0	3,064	194.00
194.02	07951 CHILDREN'S CLINIC	98,066	0	0	582	11,601	194.02
194.04	07952 HEALTH RESOURCE CENTER	13,416	7,977	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	147,937	145,569	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	88,186	41,041	0	0	6,348	194.07
194.10	07955 DME	1,090,272	58,986	0	0	5,910	194.10
194.12	07956 MED ONE/TWO	0	0	0	504	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	6,534	36,454	0	0	5,122	194.14
194.15	07959 PHYSICIANS RECRUITING	1,715	0	0	0	0	194.15
194.16	07960 MOB	223	0	0	0	5,472	194.16
194.17	07961 ASB	5,895	0	0	0	5,166	194.17
194.18	07962 MAB	3,357	0	0	795	5,166	194.18
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)	28,407,953	5,004,830	0	572,693	1,761,916	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,004,087					10.00
11.00	01100	0	1,243,167				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	12,726	0	747,082		13.00
14.00	01400	0	19,644	0	0	1,105,608	14.00
15.00	01500	0	56,687	0	0	39,318	15.00
16.00	01600	0	27,901	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	1,715	0	0	0	23.00
23.01	02301	0	2,419	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	694,638	274,952	0	310,442	54,166	30.00
31.00	03100	156,320	71,491	0	80,718	32,016	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	70,794	22,740	0	25,675	2,716	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	94,413	0	106,599	576,157	50.00
50.01	05001	0	1,351	0	0	200,180	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	109,019	0	0	31,421	54.00
55.00	05500	0	19,135	0	0	834	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	1,079	0	0	227	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	27,149	0	0	23,293	65.00
66.00	06600	0	34,882	0	0	3,337	66.00
67.00	06700	0	22,477	0	0	316	67.00
68.00	06800	0	1,963	0	0	16,267	68.00
69.00	06900	0	29,578	0	0	22,514	69.00
70.00	07000	0	11,428	0	0	1,398	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
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	20,499	0	0	30,183	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	18,307	0	0	0	90.01
91.00	09100 EMERGENCY	0	89,742	0	101,325	44,652	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	79,781	0	90,078	7,081	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	28,559	0	32,245	18,309	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	921,752	1,079,637	0	747,082	1,104,386	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	3,184	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	56,523	0	0	51	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	0	3,237	0	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	9,153	0	0	599	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	1,502	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	82,335	32,731	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	12,076	0	0	8	194.07
194.10	07955 DME	0	45,124	0	0	69	194.10
194.12	07956 MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	0	0	495	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,004,087	1,243,167	0	747,082	1,105,608	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
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						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	3,876,276	1,048,780				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,812	62,147	0	0	0	30.00
31.00	03100	897	19,568	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	37	4,962	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,122	99,416	0	0	0	50.00
50.01	05001	0	50,228	0	0	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	12,631	0	0	0	53.00
54.00	05400	23,317	165,341	0	0	0	54.00
55.00	05500	16	36,698	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	993	106,172	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	3,148	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	19	25,700	0	0	0	65.00
66.00	06600	19	14,669	0	0	0	66.00
67.00	06700	0	12,342	0	0	0	67.00
68.00	06800	0	1,305	0	0	0	68.00
69.00	06900	1,362	39,017	0	0	0	69.00
70.00	07000	0	8,784	0	0	0	70.00
71.00	07100	0	26,488	0	0	0	71.00
72.00	07200	0	16,418	0	0	0	72.00
73.00	07300	2,701,238	95,612	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	1,136,462	103,970	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	1,815	0	0	0	90.01
91.00	09100 EMERGENCY	1,288	113,915	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	5	9,179	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	6	5,034	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,872,593	1,034,559	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	2	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,652	9,108	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	0	0	0	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	29	1,513	0	0	0	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	3,516	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	84	0	0	0	194.07
194.10	07955 DME	0	0	0	0	0	194.10
194.12	07956 MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	0	0	0	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
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)	3,876,276	1,048,780	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED PRGM	0	0	91,856			23.00
23.01 02301 SCH OF RADIOLOGY	0	0	0	111,322		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	17,560,189	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	4,193,174	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	1,452,886	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	6,874,019	50.00
50.01 05001 SURGERY CENTER	0	0	0	0	3,340,798	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	110,886	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	91,856	111,322	6,910,983	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	1,967,035	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
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	6,023,240	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	680,892	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	1,505,519	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	1,978,411	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	1,313,220	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	221,631	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	2,093,445	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	816,175	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,427,342	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,773,330	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	16,680,641	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 CHEMOTHERAPY	0	0	0	0	2,670,062	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANDERSON CENTER OP CLINIC	0	0	0	0	352,611	90.01
91.00 09100 EMERGENCY	0	0	0	0	5,104,870	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	4,000,146	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	2,093,762	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	91,856	111,322	93,145,267	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	41,172	190.00
191.00 19100 RESEARCH	0	0	0	0	106,899	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,323,497	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	0	0	0	0	170,063	194.00
194.02 07951 CHILDREN'S CLINIC	0	0	0	0	377,548	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	0	0	0	57,919	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	0	0	0	0	798,285	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	0	0	0	0	377,957	194.07
194.10 07955 DME	0	0	0	0	4,046,572	194.10
194.12 07956 MED ONE/TWO	0	0	0	0	341	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	0	0	0	0	65,167	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	6,191	194.15
194.16 07960 MOB	0	0	0	0	6,278	194.16
194.17 07961 ASB	0	0	0	0	26,946	194.17
194.18 07962 MAB	0	0	0	0	18,082	194.18
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	91,856	111,322	102,568,184	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT		1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00520	DATA PROCESSING		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00540	ADMITTING		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
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 ED PRGM		23.00
23.01	02301	SCH OF RADIOLOGY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	17,560,189	30.00
31.00	03100	INTENSIVE CARE UNIT	4,193,174	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	40.00
41.00	04100	SUBPROVIDER - I/RF	1,452,886	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
45.01	04510	ICF/MR	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	6,874,019	50.00
50.01	05001	SURGERY CENTER	3,340,798	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	110,886	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,910,983	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,967,035	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	6,023,240	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	680,892	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,505,519	65.00
66.00	06600	PHYSICAL THERAPY	1,978,411	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,313,220	67.00
68.00	06800	SPEECH PATHOLOGY	221,631	68.00
69.00	06900	ELECTROCARDIOLOGY	2,093,445	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	816,175	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,427,342	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,773,330	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,680,641	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
76.00	03020 CHEMOTHERAPY	0	2,670,062	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	352,611	90.01
91.00	09100 EMERGENCY	0	5,104,870	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	4,000,146	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	2,093,762	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	93,145,267	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	41,172	190.00
191.00	19100 RESEARCH	0	106,899	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	3,323,497	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 FOUNDATION	0	170,063	194.00
194.02	07951 CHILDREN'S CLINIC	0	377,548	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	57,919	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	798,285	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	377,957	194.07
194.10	07955 DME	0	4,046,572	194.10
194.12	07956 MED ONE/TWO	0	341	194.12
194.13	07957 UNUSED SPACE	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	65,167	194.14
194.15	07959 PHYSICIANS RECRUITING	0	6,191	194.15
194.16	07960 MOB	0	6,278	194.16
194.17	07961 ASB	0	26,946	194.17
194.18	07962 MAB	0	18,082	194.18
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	102,568,184	202.00

COST ALLOCATION STATISTICS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet Non-CMS W
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	4		1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	2		1.01
4.00	EMPLOYEE BENEFITS DEPARTMENT	6		4.00
5.01	NONPATIENT TELEPHONES	8		5.01
5.02	DATA PROCESSING	9		5.02
5.03	PURCHASING RECEIVING AND STORES	10		5.03
5.04	ADMINISTRATIVE	11		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	12		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-13		5.06
6.00	MAINTENANCE & REPAIRS	14		6.00
7.00	OPERATION OF PLANT	15		7.00
8.00	LAUNDRY & LINEN SERVICE	16		8.00
9.00	HOUSEKEEPING	17		9.00
10.00	DIETARY	18		10.00
11.00	CAFETERIA	19		11.00
12.00	MAINTENANCE OF PERSONNEL	20		12.00
13.00	NURSING ADMINISTRATION	21		13.00
14.00	CENTRAL SERVICES & SUPPLY	22		14.00
15.00	PHARMACY	23		15.00
16.00	MEDICAL RECORDS & LIBRARY	24		16.00
17.00	SOCIAL SERVICE	25		17.00
19.00	NONPHYSICIAN ANESTHETISTS	27		19.00
20.00	NURSING SCHOOL	28		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	29		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	30		22.00
23.00	PARAMEDICAL PRGM	31		23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,469	33,365	0	34,834	34,834	4.00
5.01 00510 NONPATIENT TELEPHONES	29,183	339	0	29,522	126	5.01
5.02 00520 DATA PROCESSING	39,202	55,842	0	95,044	97	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	2,723	16,599	0	19,322	349	5.03
5.04 00540 ADMITTING	9,585	4,585	0	14,170	601	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	1,641	44,587	0	46,228	647	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	20,046	165,732	0	185,778	4,547	5.06
6.00 00600 MAINTENANCE & REPAIRS	21,345	300,340	0	321,685	919	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	501	42,405	0	42,906	0	8.00
9.00 00900 HOUSEKEEPING	1,360	53,752	0	55,112	0	9.00
10.00 01000 DIETARY	3,551	149,963	0	153,514	28	10.00
11.00 01100 CAFETERIA	8,490	0	0	8,490	66	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	153	26,313	0	26,466	338	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	31,526	85,447	0	116,973	236	14.00
15.00 01500 PHARMACY	268,342	25,963	0	294,305	1,548	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,688	28,091	0	30,779	723	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMEDICAL PRGM	131	700	0	831	40	23.00
23.01 02301 SCH OF RADIOLOGY	0	593	0	593	59	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	135,754	506,338	0	642,092	6,892	30.00
31.00 03100 INTENSIVE CARE UNIT	54,696	78,982	0	133,678	1,465	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	16,085	53,876	0	69,961	471	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	459,946	108,958	0	568,904	1,906	50.00
50.01 05001 SURGERY CENTER	146,431	0	0	146,431	14	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	19,772	0	0	19,772	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	575,862	91,368	0	667,230	2,020	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	320,978	0	0	320,978	423	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
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	11,043	67,582	0	78,625	22	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	10,959	38,456	0	49,415	581	65.00
66.00 06600 PHYSICAL THERAPY	153,655	46,807	0	200,462	744	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	34,071	0	34,071	562	67.00
68.00 06800 SPEECH PATHOLOGY	597	0	0	597	53	68.00
69.00 06900 ELECTROCARDIOLOGY	188,031	46,128	0	234,159	664	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	29,394	62,733	0	92,127	225	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 CHEMOTHERAPY	37,925	0	0	37,925	437	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANDERSON CENTER OP CLINIC	457	18,856	0	19,313	141	90.01
91.00 09100 EMERGENCY	52,694	121,247	0	173,941	1,802	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	25,891	42,955	0	68,846	1,835	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	10,620	6,002	0	16,622	801	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,692,726	2,358,975	0	5,051,701	31,382	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,139	0	10,139	0	190.00
191.00 19100 RESEARCH	11,700	0	0	11,700	73	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	85,651	9,854	0	95,505	1,884	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	236	3,426	0	3,662	70	194.00
194.02 07951 CHILDREN'S CLINIC	6,518	0	0	6,518	170	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	2,979	0	2,979	25	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	817	54,366	0	55,183	253	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	11,185	15,328	0	26,513	153	194.07
194.10 07955 DME	44,369	50,040	0	94,409	824	194.10
194.12 07956 MED ONE/TWO	271	0	0	271	0	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	247	13,614	0	13,861	0	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 07960 MOB	0	0	0	0	0	194.16
194.17 07961 ASB	4,883	0	0	4,883	0	194.17
194.18 07962 MAB	9,473	0	0	9,473	0	194.18
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	2,868,076	2,518,721	0	5,386,797	34,834	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/27/2013 9:55 am			
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES	29,648				5.01
5.02	00520	DATA PROCESSING	246	95,387			5.02
5.03	00530	PURCHASING RECEIVING AND STORES	316	0	19,987		5.03
5.04	00540	ADMINISTRATIVE	561	0	52	15,384	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	842	0	15	0	47,732
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	3,263	1	543	0	0
6.00	00600	MAINTENANCE & REPAIRS	1,053	0	15	0	0
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	105	0	182	0	0
9.00	00900	HOUSEKEEPING	386	0	0	0	0
10.00	01000	DIETARY	105	16	0	3	8
11.00	01100	CAFETERIA	281	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	386	0	10	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	211	0	189	0	0
15.00	01500	PHARMACY	772	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,403	0	14	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	0	0	0
23.01	02301	SCH OF RADIOLOGY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,578	5,648	857	910	2,824
31.00	03100	INTENSIVE CARE UNIT	0	1,778	430	287	889
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	456	451	48	73	225
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,175	9,035	6,885	1,456	4,518
50.01	05001	SURGERY CENTER	702	4,565	2,513	736	2,282
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	1,148	0	185	574
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,631	15,081	1,362	2,438	7,579
55.00	05500	RADIOLOGY-THERAPEUTIC	526	3,335	23	538	1,668
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	1,614	9,649	883	1,555	4,825
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	70	286	0	46	143
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	211	2,336	288	376	1,168
66.00	06600	PHYSICAL THERAPY	702	1,333	51	215	667
67.00	06700	OCCUPATIONAL THERAPY	632	1,122	7	181	561
68.00	06800	SPEECH PATHOLOGY	105	119	197	19	59
69.00	06900	ELECTROCARDIOLOGY	667	3,546	360	572	1,773
70.00	07000	ELECTROENCEPHALOGRAPHY	842	798	21	129	399
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	70	2,407	606	388	1,204
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,492	728	241	746
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,689	1,754	1,401	4,345
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	CHEMOTHERAPY	351	9,449	393	1,523	4,724

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	165	0	27	82	90.01
91.00	09100 EMERGENCY	526	10,353	647	1,669	5,176	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	316	834	108	134	417	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	281	458	427	74	229	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	26,385	94,094	19,608	15,176	47,085	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	35	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,895	828	76	133	414	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	70	0	15	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	137	67	22	69	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	320	60	52	160	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	8	1	1	4	194.07
194.10	07955 DME	386	0	154	0	0	194.10
194.12	07956 MED ONE/TWO	561	0	0	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	316	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	6	0	0	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
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)	29,648	95,387	19,987	15,384	47,732	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/27/2013 9:55 am
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560	194,132					5.06
6.00	00600		9,474	333,146			6.00
7.00	00700		0	0	0		7.00
8.00	00800	869			51,620		8.00
9.00	00900	3,063	9,580	0	0	68,141	9.00
10.00	01000	1,061	26,728	0	0	1,619	10.00
11.00	01100	2,353	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,245	4,690	0	0	245	13.00
14.00	01400	1,566	15,229	0	453	957	14.00
15.00	01500	7,006	4,627	0	0	369	15.00
16.00	01600	1,780	5,007	0	0	196	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	167	125	0	0	0	23.00
23.01	02301	203	106	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	26,250	90,217	0	19,822	27,776	30.00
31.00	03100	6,481	14,077	0	6,394	4,868	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	1,998	9,602	0	2,252	3,904	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	10,363	19,420	0	5,589	6,379	50.00
50.01	05001	5,703	0	0	2,531	1,859	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	186	0	0	0	0	53.00
54.00	05400	11,394	16,285	0	3,853	2,782	54.00
55.00	05500	3,573	0	0	661	596	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	10,771	12,045	0	0	1,693	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	1,283	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,499	6,854	0	0	245	65.00
66.00	06600	3,294	8,343	0	1,240	1,796	66.00
67.00	06700	2,242	6,073	0	0	97	67.00
68.00	06800	383	0	0	0	0	68.00
69.00	06900	3,439	8,222	0	72	2,308	69.00
70.00	07000	1,104	11,181	0	91	1,639	70.00
71.00	07100	4,545	0	0	0	0	71.00
72.00	07200	5,219	0	0	0	0	72.00
73.00	07300	26,258	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	2,600	0	0	480	0	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	534	3,361	0	0	0	90.01
91.00	09100 EMERGENCY	7,922	21,610	0	7,625	6,166	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	6,990	7,656	0	0	245	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	3,774	1,070	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	177,592	309,666	0	51,063	65,739	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	27	1,807	0	0	0	190.00
191.00	19100 RESEARCH	196	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,075	1,756	0	388	550	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	293	611	0	0	119	194.00
194.02	07951 CHILDREN'S CLINIC	670	0	0	52	449	194.02
194.04	07952 HEALTH RESOURCE CENTER	92	531	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	1,011	9,690	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	603	2,732	0	0	245	194.07
194.10	07955 DME	7,451	3,926	0	0	229	194.10
194.12	07956 MED ONE/TWO	0	0	0	45	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	45	2,427	0	0	198	194.14
194.15	07959 PHYSICIANS RECRUITING	12	0	0	0	0	194.15
194.16	07960 MOB	2	0	0	0	212	194.16
194.17	07961 ASB	40	0	0	0	200	194.17
194.18	07962 MAB	23	0	0	72	200	194.18
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)	194,132	333,146	0	51,620	68,141	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/27/2013 9:55 am
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	183,082					10.00
11.00	01100	CAFETERIA	0	11,190				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	115	0	33,495		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	177	0	0	135,991	14.00
15.00	01500	PHARMACY	0	510	0	0	4,836	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	251	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	15	0	0	0	23.00
23.01	02301	SCH OF RADIOLOGY	0	22	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	126,658	2,474	0	13,918	6,662	30.00
31.00	03100	INTENSIVE CARE UNIT	28,503	643	0	3,619	3,938	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	12,908	205	0	1,151	334	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	850	0	4,779	70,869	50.00
50.01	05001	SURGERY CENTER	0	12	0	0	24,622	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	981	0	0	3,865	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	172	0	0	103	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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	10	0	0	28	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	244	0	0	2,865	65.00
66.00	06600	PHYSICAL THERAPY	0	314	0	0	410	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	202	0	0	39	67.00
68.00	06800	SPEECH PATHOLOGY	0	18	0	0	2,001	68.00
69.00	06900	ELECTROCARDIOLOGY	0	266	0	0	2,769	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	103	0	0	172	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CHEMOTHERAPY	0	185	0	0	3,713	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	165	0	0	0	90.01
91.00	09100 EMERGENCY	0	808	0	4,543	5,492	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	718	0	4,039	871	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	257	0	1,446	2,252	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	168,069	9,717	0	33,495	135,841	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	29	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	509	0	0	6	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	0	29	0	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	82	0	0	74	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	14	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	15,013	295	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	109	0	0	1	194.07
194.10	07955 DME	0	406	0	0	8	194.10
194.12	07956 MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	0	0	61	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
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)	183,082	11,190	0	33,495	135,991	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/27/2013 9:55 am
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
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						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	313,973	40,153				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0			21.00
22.00	02200	0	0	0			22.00
23.00	02300	0	0	0			23.00
23.01	02301	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	228	2,378	0			30.00
31.00	03100	73	749	0			31.00
32.00	03200	0	0	0			32.00
33.00	03300	0	0	0			33.00
34.00	03400	0	0	0			34.00
40.00	04000	0	0	0			40.00
41.00	04100	3	190	0			41.00
42.00	04200	0	0	0			42.00
43.00	04300	0	0	0			43.00
44.00	04400	0	0	0			44.00
45.00	04500	0	0	0			45.00
45.01	04510	0	0	0			45.01
46.00	04600	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	334	3,804	0			50.00
50.01	05001	0	1,922	0			50.01
51.00	05100	0	0	0			51.00
52.00	05200	0	0	0			52.00
53.00	05300	0	483	0			53.00
54.00	05400	1,889	6,348	0			54.00
55.00	05500	1	1,404	0			55.00
56.00	05600	0	0	0			56.00
57.00	05700	0	0	0			57.00
58.00	05800	0	0	0			58.00
59.00	05900	0	0	0			59.00
60.00	06000	80	4,063	0			60.00
60.01	06001	0	0	0			60.01
61.00	06100	0	0	0			61.00
62.00	06200	0	0	0			62.00
63.00	06300	0	120	0			63.00
64.00	06400	0	0	0			64.00
65.00	06500	2	983	0			65.00
66.00	06600	2	561	0			66.00
67.00	06700	0	472	0			67.00
68.00	06800	0	50	0			68.00
69.00	06900	110	1,493	0			69.00
70.00	07000	0	336	0			70.00
71.00	07100	0	1,014	0			71.00
72.00	07200	0	628	0			72.00
73.00	07300	218,797	3,659	0			73.00
74.00	07400	0	0	0			74.00
75.00	07500	0	0	0			75.00
76.00	03020	92,051	3,979	0			76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000 CLINIC	0	0	0			90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	69	0			90.01
91.00	09100 EMERGENCY	104	4,359	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500 AMBULANCE SERVICES	0	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
99.00	09900 CMHC	0	0	0			99.00
99.10	09910 CORF	0	0	0			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100 HOME HEALTH AGENCY	0	351	0			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600 HEART ACQUISITION	0	0	0			106.00
107.00	10700 LIVER ACQUISITION	0	0	0			107.00
108.00	10800 LUNG ACQUISITION	0	0	0			108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100 ISLET ACQUISITION	0	0	0			111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0			112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600 HOSPICE	1	193	0			116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	313,675	39,608	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100 RESEARCH	0	0	0			191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	296	349	0			192.00
193.00	19300 NONPAID WORKERS	0	0	0			193.00
194.00	07950 FOUNDATION	0	0	0			194.00
194.02	07951 CHILDREN'S CLINIC	2	58	0			194.02
194.04	07952 HEALTH RESOURCE CENTER	0	0	0			194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	135	0			194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	3	0			194.07
194.10	07955 DME	0	0	0			194.10
194.12	07956 MED ONE/TWO	0	0	0			194.12
194.13	07957 UNUSED SPACE	0	0	0			194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0			194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0			194.15
194.16	07960 MOB	0	0	0			194.16
194.17	07961 ASB	0	0	0			194.17
194.18	07962 MAB	0	0	0			194.18
200.00	Cross Foot Adjustments				0		0200.00
201.00	Negative Cost Centers	0	0	0	0		0201.00
202.00	TOTAL (sum lines 118-201)	313,973	40,153	0	0	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMIN TTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 02300 PARAMED PRGM			1,178			23.00
23.01 02301 SCH OF RADIOLOGY				983		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS					979,184	30.00
31.00 03100 INTENSIVE CARE UNIT					207,872	31.00
32.00 03200 CORONARY CARE UNIT					0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT					0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00 04000 SUBPROVIDER - IPF					0	40.00
41.00 04100 SUBPROVIDER - IRF					104,232	41.00
42.00 04200 SUBPROVIDER					0	42.00
43.00 04300 NURSERY					0	43.00
44.00 04400 SKILLED NURSING FACILITY					0	44.00
45.00 04500 NURSING FACILITY					0	45.00
45.01 04510 ICF/MR					0	45.01
46.00 04600 OTHER LONG TERM CARE					0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM					717,266	50.00
50.01 05001 SURGERY CENTER					193,892	50.01
51.00 05100 RECOVERY ROOM					0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM					0	52.00
53.00 05300 ANESTHESIOLOGY					22,348	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC					745,738	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC					334,001	55.00
56.00 05600 RADIOISOTOPE					0	56.00
57.00 05700 CT SCAN					0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)					0	58.00
59.00 05900 CARDIAC CATHETERIZATION					0	59.00
60.00 06000 LABORATORY					125,863	60.00
60.01 06001 BLOOD LABORATORY					0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS					0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.					1,948	63.00
64.00 06400 INTRAVENOUS THERAPY					0	64.00
65.00 06500 RESPIRATORY THERAPY					68,067	65.00
66.00 06600 PHYSICAL THERAPY					220,134	66.00
67.00 06700 OCCUPATIONAL THERAPY					46,261	67.00
68.00 06800 SPEECH PATHOLOGY					3,601	68.00
69.00 06900 ELECTROCARDIOLOGY					260,420	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY					109,167	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					10,234	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT					9,054	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					264,903	73.00
74.00 07400 RENAL DIALYSIS					0	74.00
75.00 07500 ASC (NON-DISTINCT PART)					0	75.00
76.00 03020 CHEMOTHERAPY					157,810	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	SCH OF RADIOLOGY	Subtotal		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS							
	21.00	22.00	23.00	23.01					24.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC					0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00	
90.00	09000	CLINIC					0	90.00	
90.01	09001	ANDERSON CENTER OP CLINIC					23,857	90.01	
91.00	09100	EMERGENCY					252,743	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS					0	94.00	
95.00	09500	AMBULANCE SERVICES					0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED					0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD					0	97.00	
99.00	09900	CMHC					0	99.00	
99.10	09910	CORF					0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					0	100.00	
101.00	10100	HOME HEALTH AGENCY					93,360	101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION					0	105.00	
106.00	10600	HEART ACQUISITION					0	106.00	
107.00	10700	LIVER ACQUISITION					0	107.00	
108.00	10800	LUNG ACQUISITION					0	108.00	
109.00	10900	PANCREAS ACQUISITION					0	109.00	
110.00	11000	INTESTINAL ACQUISITION					0	110.00	
111.00	11100	ISLET ACQUISITION					0	111.00	
112.00	08600	OTHER ORGAN ACQUISITION					0	112.00	
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00	
116.00	11600	HOSPICE					27,885	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	4,979,840	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					11,973	190.00	
191.00	19100	RESEARCH					12,033	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES					110,664	192.00	
193.00	19300	NONPAID WORKERS					0	193.00	
194.00	07950	FOUNDATION					4,869	194.00	
194.02	07951	CHILDREN'S CLINIC					8,370	194.02	
194.04	07952	HEALTH RESOURCE CENTER					3,641	194.04	
194.05	07953	ADOLESCENT RESIDENTIAL					82,172	194.05	
194.07	07954	COMMUNITY BENEFIT/MISSION					30,373	194.07	
194.10	07955	DME					107,793	194.10	
194.12	07956	MED ONE/TWO					877	194.12	
194.13	07957	UNUSED SPACE					0	194.13	
194.14	07958	ADVERTISING AND MARKETING					16,847	194.14	
194.15	07959	PHYSICIANS RECRUITING					12	194.15	
194.16	07960	MOB					214	194.16	
194.17	07961	ASB					5,190	194.17	
194.18	07962	MAB					9,768	194.18	
200.00		Cross Foot Adjustments	0	0	1,178		983	2,161	200.00
201.00		Negative Cost Centers	0	0	0		0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	1,178		983	5,386,797	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/27/2013 9:55 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT		1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00520	DATA PROCESSING		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00540	ADMITTING		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
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 ED PRGM		23.00
23.01	02301	SCH OF RADIOLOGY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	979,184
31.00	03100	INTENSIVE CARE UNIT	0	207,872
32.00	03200	CORONARY CARE UNIT	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - IPF	0	0
41.00	04100	SUBPROVIDER - IRF	0	104,232
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0
45.00	04500	NURSING FACILITY	0	0
45.01	04510	ICF/MR	0	0
46.00	04600	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	717,266
50.01	05001	SURGERY CENTER	0	193,892
51.00	05100	RECOVERY ROOM	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	22,348
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	745,738
55.00	05500	RADIOLOGY-THERAPEUTIC	0	334,001
56.00	05600	RADIOISOTOPE	0	0
57.00	05700	CT SCAN	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	125,863
60.01	06001	BLOOD LABORATORY	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,948
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	68,067
66.00	06600	PHYSICAL THERAPY	0	220,134
67.00	06700	OCCUPATIONAL THERAPY	0	46,261
68.00	06800	SPEECH PATHOLOGY	0	3,601
69.00	06900	ELECTROCARDIOLOGY	0	260,420
70.00	07000	ELECTROENCEPHALOGRAPHY	0	109,167
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,234
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,054
73.00	07300	DRUGS CHARGED TO PATIENTS	0	264,903
74.00	07400	RENAL DIALYSIS	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
76.00	03020 CHEMOTHERAPY	0	157,810	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	23,857	90.01
91.00	09100 EMERGENCY	0	252,743	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	93,360	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	27,885	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,979,840	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,973	190.00
191.00	19100 RESEARCH	0	12,033	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	110,664	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 FOUNDATION	0	4,869	194.00
194.02	07951 CHILDREN'S CLINIC	0	8,370	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	3,641	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	82,172	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	30,373	194.07
194.10	07955 DME	0	107,793	194.10
194.12	07956 MED ONE/TWO	0	877	194.12
194.13	07957 UNUSED SPACE	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	16,847	194.14
194.15	07959 PHYSICIANS RECRUITING	0	12	194.15
194.16	07960 MOB	0	214	194.16
194.17	07961 ASB	0	5,190	194.17
194.18	07962 MAB	0	9,768	194.18
200.00	Cross Foot Adjustments	0	2,161	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	5,386,797	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B-1
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
	1.00	1.01				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	467,507				1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT	0	0			1.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,193	0	32,829,457		4.00
5.01 00510	NONPATIENT TELEPHONES	63	0	118,532	845	5.01
5.02 00520	DATA PROCESSING	10,365	0	91,250	7	313,565,996
5.03 00530	PURCHASING RECEIVING AND STORES	3,081	0	329,145	9	0
5.04 00540	ADMINISTRATIVE	851	0	566,861	16	0
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	8,276	0	609,532	24	0
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	30,762	0	4,285,205	93	2,678
6.00 00600	MAINTENANCE & REPAIRS	55,747	0	866,164	30	0
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	7,871	0	0	3	0
9.00 00900	HOUSEKEEPING	9,977	0	0	11	0
10.00 01000	DIETARY	27,835	0	26,128	3	51,827
11.00 01100	CAFETERIA	0	0	62,462	8	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	4,884	0	318,619	11	0
14.00 01400	CENTRAL SERVICES & SUPPLY	15,860	0	222,075	6	0
15.00 01500	PHARMACY	4,819	0	1,459,374	22	0
16.00 01600	MEDICAL RECORDS & LIBRARY	5,214	0	681,547	40	0
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM	130	0	37,345	0	0
23.01 02301	SCH OF RADIOLOGY	110	0	55,426	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	93,983	0	6,496,675	102	18,579,128
31.00 03100	INTENSIVE CARE UNIT	14,660	0	1,380,865	0	5,849,902
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I RF	10,000	0	443,554	13	1,483,420
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	0	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
45.01 04510	ICF/MR	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	20,224	0	1,796,274	62	29,720,675
50.01 05001	SURGERY CENTER	0	0	13,244	20	15,015,707
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	3,776,086
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,959	0	1,903,967	75	49,404,210
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	398,815	15	10,970,974
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	12,544	0	20,390	46	31,740,372
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2	941,046
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	7,138	0	547,609	6	7,683,130
66.00 06600	PHYSICAL THERAPY	8,688	0	701,407	20	4,385,391
67.00 06700	OCCUPATIONAL THERAPY	6,324	0	529,710	18	3,689,815
68.00 06800	SPEECH PATHOLOGY	0	0	50,064	3	390,022
69.00 06900	ELECTROCARDIOLOGY	8,562	0	625,599	19	11,664,201
70.00 07000	ELECTROENCEPHALOGRAPHY	11,644	0	211,892	24	2,626,031
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2	7,918,607
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	4,908,356
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	28,583,586

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B-1
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
			1.00	1.01	4.00	5.01	5.02	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CHEMOTHERAPY	0	0	411,753	10	31,082,069	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	3,500	0	133,177	0	542,600	90.01
91.00	09100	EMERGENCY	22,505	0	1,698,542	15	34,055,288	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	7,973	0	1,729,558	9	2,744,167	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	1,114	0	754,529	8	1,504,956	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	437,856	0	29,577,289	752	309,314,244	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,882	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	68,465	1	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,829	0	1,775,404	54	2,722,786	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	636	0	65,975	2	0	194.00
194.02	07951	CHILDREN'S CLINIC	0	0	160,503	0	452,285	194.02
194.04	07952	HEALTH RESOURCE CENTER	553	0	23,423	0	0	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	10,091	0	238,100	0	1,051,092	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	2,845	0	143,954	0	25,240	194.07
194.10	07955	DME	9,288	0	776,344	11	0	194.10
194.12	07956	MED ONE/TWO	0	0	0	16	349	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	2,527	0	0	9	0	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960	MOB	0	0	0	0	0	194.16
194.17	07961	ASB	0	0	0	0	0	194.17
194.18	07962	MAB	0	0	0	0	0	194.18
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,518,721	0	2,199,617	295,566	221,545	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.387558	0.000000	0.067001	349.782249	0.000707	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			34,834	29,648	95,387	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001061	35.086391	0.000304	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (DEPT. REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES	7,050,287				5.03
5.04	00540	ADMITTING	18,450	313,565,996			5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	5,297	0	313,565,996		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	191,701	2,678	2,678	-28,407,953	74,160,394
6.00	00600	MAINTENANCE & REPAIRS	5,224	0	0	0	3,618,662
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	64,313	0	0	0	331,980
9.00	00900	HOUSEKEEPING	0	0	0	0	1,169,862
10.00	01000	DIETARY	0	51,827	51,827	0	405,404
11.00	01100	CAFETERIA	0	0	0	0	898,852
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,465	0	0	0	475,433
14.00	01400	CENTRAL SERVICES & SUPPLY	66,664	0	0	0	598,248
15.00	01500	PHARMACY	0	0	0	0	2,676,100
16.00	01600	MEDICAL RECORDS & LIBRARY	4,950	0	0	0	680,075
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM	43	0	0	0	63,819
23.01	02301	SCH OF RADIOLOGY	0	0	0	0	77,593
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	302,197	18,579,128	18,579,128	0	10,026,733
31.00	03100	INTENSIVE CARE UNIT	151,699	5,849,902	5,849,902	0	2,475,586
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	16,918	1,483,420	1,483,420	0	763,360
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,428,131	29,720,675	29,720,675	0	3,958,324
50.01	05001	SURGERY CENTER	886,441	15,015,707	15,015,707	0	2,178,424
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	3,776,086	3,776,086	0	71,042
54.00	05400	RADIOLOGY-DIAGNOSTIC	480,321	49,404,210	49,404,210	0	4,352,223
55.00	05500	RADIOLOGY-THERAPEUTIC	8,120	10,970,974	10,970,974	0	1,364,804
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	311,496	31,740,372	31,740,372	0	4,114,089
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	941,046	941,046	0	490,032
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	101,761	7,683,130	7,683,130	0	954,434
66.00	06600	PHYSICAL THERAPY	17,834	4,385,391	4,385,391	0	1,258,057
67.00	06700	OCCUPATIONAL THERAPY	2,567	3,689,815	3,689,815	0	856,334
68.00	06800	SPEECH PATHOLOGY	69,566	390,022	390,022	0	146,122
69.00	06900	ELECTROCARDIOLOGY	127,012	11,664,201	11,664,201	0	1,313,748
70.00	07000	ELECTROENCEPHALOGRAPHY	7,466	2,626,031	2,626,031	0	421,675
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	213,646	7,918,607	7,918,607	0	1,735,899
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	256,924	4,908,356	4,908,356	0	1,993,341
73.00	07300	DRUGS CHARGED TO PATIENTS	618,857	28,583,586	28,583,586	0	10,038,451
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DI STINCT PART)	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (DEPT. REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
76.00	03020	CHEMOTHERAPY	138,693	31,082,069	31,082,069	0	993,174	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0	542,600	542,600	0	203,895	90.01
91.00	09100	EMERGENCY	228,194	34,055,288	34,055,288	0	3,026,093	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	38,136	2,744,167	2,744,167	0	2,669,917	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	150,780	1,504,956	1,504,956	0	1,441,396	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,916,866	309,314,244	309,314,244	-28,407,953	67,843,181	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	10,139	190.00
191.00	19100	RESEARCH	42	0	0	0	74,988	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,928	2,722,786	2,722,786	0	2,320,393	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	5,128	0	0	0	111,772	194.00
194.02	07951	CHILDREN'S CLINIC	23,564	452,285	452,285	0	256,005	194.02
194.04	07952	HEALTH RESOURCE CENTER	0	0	0	0	35,024	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	20,990	1,051,092	1,051,092	0	386,197	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	481	25,240	25,240	0	230,214	194.07
194.10	07955	DME	54,154	0	0	0	2,846,211	194.10
194.12	07956	MED ONE/TWO	0	349	349	163	0	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	25	0	0	0	17,057	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	4,476	194.15
194.16	07960	MOB	0	0	0	0	583	194.16
194.17	07961	ASB	2,109	0	0	0	15,390	194.17
194.18	07962	MAB	0	0	0	0	8,764	194.18
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)	136,259	835,333	1,285,708		28,407,953	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.019327	0.002664	0.004100		0.383061	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	19,987	15,384	47,732		194,132	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002835	0.000049	0.000152		0.002618	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B-1
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600	346,940					6.00
7.00	00700	0	0				7.00
8.00	00800	7,871	0	989,022			8.00
9.00	00900	9,977	0	0	40,247		9.00
10.00	01000	27,835	0	0	956	18,878	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	4,884	0	0	145	0	13.00
14.00	01400	15,860	0	8,679	565	0	14.00
15.00	01500	4,819	0	0	218	0	15.00
16.00	01600	5,214	0	0	116	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	130	0	0	0	0	23.00
23.01	02301	110	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	93,953	0	379,769	16,406	13,060	30.00
31.00	03100	14,660	0	122,505	2,875	2,939	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	10,000	0	43,143	2,306	1,331	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	20,224	0	107,089	3,768	0	50.00
50.01	05001	0	0	48,489	1,098	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	16,959	0	73,821	1,643	0	54.00
55.00	05500	0	0	12,668	352	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	12,544	0	0	1,000	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	7,138	0	0	145	0	65.00
66.00	06600	8,688	0	23,757	1,061	0	66.00
67.00	06700	6,324	0	0	57	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	8,562	0	1,380	1,363	0	69.00
70.00	07000	11,644	0	1,751	968	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
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	9,202	0	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	3,500	0	0	0	0	90.01
91.00	09100 EMERGENCY	22,505	0	146,084	3,642	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	7,973	0	0	145	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	1,114	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	322,488	0	978,337	38,829	17,330	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,882	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,829	0	7,437	325	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	636	0	0	70	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	0	1,005	265	0	194.02
194.04	07952 HEALTH RESOURCE CENTER	553	0	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	10,091	0	0	0	1,548	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	2,845	0	0	145	0	194.07
194.10	07955 DME	4,089	0	0	135	0	194.10
194.12	07956 MED ONE/TWO	0	0	870	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	2,527	0	0	117	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	125	0	194.16
194.17	07961 ASB	0	0	0	118	0	194.17
194.18	07962 MAB	0	0	1,373	118	0	194.18
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,004,830	0	572,693	1,761,916	1,004,087	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.425636	0.000000	0.579050	43.777573	53.188208	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	333,146	0	51,620	68,141	183,082	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.960241	0.000000	0.052193	1.693070	9.698167	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
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	867,636					11.00
12.00	01200		0				12.00
13.00	01300	8,882	0	461,801			13.00
14.00	01400	13,710	0	0	4,708,357		14.00
15.00	01500	39,563	0	0	167,442	15,439,834	15.00
16.00	01600	19,473	0	0	5	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	1,197	0	0	0	0	23.00
23.01	02301	1,688	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	191,896	0	191,896	230,672	11,202	30.00
31.00	03100	49,895	0	49,895	136,343	3,571	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	15,871	0	15,871	11,566	146	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	65,893	0	65,893	2,453,622	16,418	50.00
50.01	05001	943	0	0	852,490	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	76,087	0	0	133,809	92,876	54.00
55.00	05500	13,355	0	0	3,552	62	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	753	0	0	967	3,956	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	18,948	0	0	99,195	76	65.00
66.00	06600	24,345	0	0	14,212	77	66.00
67.00	06700	15,687	0	0	1,344	0	67.00
68.00	06800	1,370	0	0	69,277	0	68.00
69.00	06900	20,643	0	0	95,878	5,427	69.00
70.00	07000	7,976	0	0	5,955	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	10,759,469	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description			CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
			11.00	12.00	13.00	14.00	15.00	
76.00	03020	CHEMOTHERAPY	14,307	0	0	128,538	4,526,711	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	12,777	0	0	0	0	90.01
91.00	09100	EMERGENCY	62,633	0	62,633	190,156	5,129	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	55,681	0	55,681	30,157	20	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	19,932	0	19,932	77,971	25	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	753,505	0	461,801	4,703,151	15,425,165	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,222	0	0	0	6	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39,449	0	0	217	14,547	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	2,259	0	0	0	0	194.00
194.02	07951	CHILDREN'S CLINIC	6,388	0	0	2,553	116	194.02
194.04	07952	HEALTH RESOURCE CENTER	1,048	0	0	0	0	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	22,844	0	0	0	0	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	8,428	0	0	33	0	194.07
194.10	07955	DME	31,493	0	0	294	0	194.10
194.12	07956	MED ONE/TWO	0	0	0	0	0	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960	MOB	0	0	0	0	0	194.16
194.17	07961	ASB	0	0	0	2,109	0	194.17
194.18	07962	MAB	0	0	0	0	0	194.18
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)	1,243,167	0	747,082	1,105,608	3,876,276	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.432821	0.000000	1.617757	0.234818	0.251057	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	11,190	0	33,495	135,991	313,973	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.012897	0.000000	0.072531	0.028883	0.020335	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B-1
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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	313,511,142					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMEDICAL PRGM	0	0				23.00
23.01 02301 SCH OF RADIOLOGY	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	18,579,128	0		0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	5,849,902	0		0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0		0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0		0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0		0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0		0	0	40.00
41.00 04100 SUBPROVIDER - I RF	1,483,420	0		0	0	41.00
42.00 04200 SUBPROVIDER	0	0		0	0	42.00
43.00 04300 NURSERY	0	0		0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0		0	0	44.00
45.00 04500 NURSING FACILITY	0	0		0	0	45.00
45.01 04510 ICF/MR	0	0		0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0		0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	29,720,675	0	0	0	0	50.00
50.01 05001 SURGERY CENTER	15,015,707	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	3,776,086	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	49,404,210	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	10,970,974	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
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	31,740,372	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	941,046	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	7,683,130	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	4,385,391	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	3,689,815	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	390,022	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	11,664,201	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,626,031	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,918,607	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	4,908,356	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	28,583,586	0	0	0	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 CHEMOTHERAPY	31,082,069	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANDERSON CENTER OP CLINIC	542,600	0	0	0	0	90.01
91.00 09100 EMERGENCY	34,055,288	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	2,744,167	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	1,504,956	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	309,259,739	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,722,786	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	0	0	0	0	0	194.00
194.02 07951 CHILDREN'S CLINIC	452,285	0	0	0	0	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	1,051,092	0	0	0	0	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	25,240	0	0	0	0	194.07
194.10 07955 DME	0	0	0	0	0	194.10
194.12 07956 MED ONE/TWO	0	0	0	0	0	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 07960 MOB	0	0	0	0	0	194.16
194.17 07961 ASB	0	0	0	0	0	194.17
194.18 07962 MAB	0	0	0	0	0	194.18
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)	1,048,780	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.003345	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	40,153	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000128	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B-1
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (RAD SCH)	SCH OF RADIOLOGY (RAD SCH)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	22.00			
GENERAL SERVICE COST CENTERS				
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT				1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00510 NONPATIENT TELEPHONES				5.01
5.02 00520 DATA PROCESSING				5.02
5.03 00530 PURCHASING RECEIVING AND STORES				5.03
5.04 00540 ADMITTING				5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL				5.06
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
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0			22.00
23.00 02300 PARAMED PRGM		100		23.00
23.01 02301 SCH OF RADIOLOGY		0	100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 SURGERY CENTER	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	100	100	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet B-1
Date/Time Prepared:
11/27/2013 9:55 am

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED PRGM (RAD SCH)	SCH OF RADIOLOGY (RAD SCH)	
		22.00	23.00	23.01	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 CHEMOTHERAPY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900 CMHC	0	0	0	99.00
99.10	09910 CORF	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	193.00
194.00	07950 FOUNDATION	0	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	0	0	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	0	0	194.07
194.10	07955 DME	0	0	0	194.10
194.12	07956 MED ONE/TWO	0	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	194.15
194.16	07960 MOB	0	0	0	194.16
194.17	07961 ASB	0	0	0	194.17
194.18	07962 MAB	0	0	0	194.18
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)	0	91,856	111,322	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	918.560000	1,113.220000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,178	983	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	11.780000	9.830000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/27/2013 9:55 am

		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	17,560,189		17,560,189	3,754	17,563,943	30.00
31.00	03100	INTENSIVE CARE UNIT	4,193,174		4,193,174	0	4,193,174	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	1,452,886		1,452,886	10,886	1,463,772	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
45.01	04510	ICF/MR	0		0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,874,019		6,874,019	10,624	6,884,643	50.00
50.01	05001	SURGERY CENTER	3,340,798		3,340,798	0	3,340,798	50.01
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	110,886		110,886	0	110,886	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,910,983		6,910,983	0	6,910,983	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,967,035		1,967,035	10,910	1,977,945	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
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	6,023,240		6,023,240	0	6,023,240	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	680,892		680,892	0	680,892	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,505,519	0	1,505,519	25,284	1,530,803	65.00
66.00	06600	PHYSICAL THERAPY	1,978,411	0	1,978,411	0	1,978,411	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,313,220	0	1,313,220	0	1,313,220	67.00
68.00	06800	SPEECH PATHOLOGY	221,631	0	221,631	0	221,631	68.00
69.00	06900	ELECTROCARDIOLOGY	2,093,445		2,093,445	0	2,093,445	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	816,175		816,175	557	816,732	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,427,342		2,427,342	0	2,427,342	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,773,330		2,773,330	0	2,773,330	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,680,641		16,680,641	0	16,680,641	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	CHEMOTHERAPY	2,670,062		2,670,062	0	2,670,062	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	352,611		352,611	0	352,611	90.01
91.00	09100	EMERGENCY	5,104,870		5,104,870	216,933	5,321,803	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	552,941		552,941	0	552,941	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	4,000,146		4,000,146	0	4,000,146	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0		0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/27/2013 9:55 am

			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		
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	2,093,762		2,093,762			2,093,762	116.00
200.00		Subtotal (see instructions)	93,698,208	0	93,698,208	278,948		93,977,156	200.00
201.00		Less Observation Beds	552,941		552,941			552,941	201.00
202.00		Total (see instructions)	93,145,267	0	93,145,267	278,948		93,424,215	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088		Period: From 01/01/2013 To 06/30/2013		Worksheet C Part I Date/Time Prepared: 11/27/2013 9:55 am	
			Title XVIIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,873,411		17,873,411			30.00
31.00	03100	INTENSIVE CARE UNIT	5,860,574		5,860,574			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I PF	0		0			40.00
41.00	04100	SUBPROVIDER - I RF	1,483,420		1,483,420			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
45.01	04510	ICF/MR	0		0			45.01
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,397,127	20,323,548	29,720,675	0.231287	0.000000	50.00
50.01	05001	SURGERY CENTER	92,149	14,923,558	15,015,707	0.222487	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	958,056	2,818,030	3,776,086	0.029365	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,088,446	39,315,764	49,404,210	0.139887	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	701,955	10,269,019	10,970,974	0.179294	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	11,150,623	20,102,605	31,253,228	0.192724	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	827,993	600,196	1,428,189	0.476752	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	6,828,973	854,157	7,683,130	0.195951	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	16,244	4,369,147	4,385,391	0.451137	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,344,244	345,571	3,689,815	0.355904	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	14,332	375,690	390,022	0.568253	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,299,701	8,364,500	11,664,201	0.179476	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	98,168	2,527,863	2,626,031	0.310802	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,858,187	4,060,420	7,918,607	0.306536	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,268,225	1,640,131	4,908,356	0.565022	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,768,908	30,931,119	48,700,027	0.342518	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	CHEMOTHERAPY	18,801	10,946,827	10,965,628	0.243494	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0	539,343	539,343	0.653779	0.000000	90.01
91.00	09100	EMERGENCY	6,980,069	27,075,219	34,055,288	0.149899	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	81,773	1,544,373	1,626,146	0.340032	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	2,738,942	2,738,942			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/27/2013 9:55 am

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				
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	1,504,956	1,504,956			116.00
200.00		Subtotal (see instructions)	104,011,379	206,170,978	310,182,357			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	104,011,379	206,170,978	310,182,357			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/27/2013 9:55 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.231645		50.00
50.01	05001 SURGERY CENTER	0.222487		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.029365		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139887		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.180289		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.192724		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.476752		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.199242		65.00
66.00	06600 PHYSICAL THERAPY	0.451137		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.355904		67.00
68.00	06800 SPEECH PATHOLOGY	0.568253		68.00
69.00	06900 ELECTROCARDIOLOGY	0.179476		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.311014		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306536		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.565022		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.342518		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 CHEMOTHERAPY	0.243494		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0.653779		90.01
91.00	09100 EMERGENCY	0.156270		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.340032		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
112.00	08600 OTHER ORGAN ACQUISITION			112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/27/2013 9:55 am
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
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: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/27/2013 9:56 am

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE		Total Costs		
				Disallowance				
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,560,189		17,560,189	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,193,174		4,193,174	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,452,886		1,452,886	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
45.01	04510	ICF/MR	0		0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,874,019		6,874,019	0	0	50.00
50.01	05001	SURGERY CENTER	3,340,798		3,340,798	0	0	50.01
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	110,886		110,886	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,910,983		6,910,983	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,967,035		1,967,035	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
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	6,023,240		6,023,240	0	0	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	680,892		680,892	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,505,519	0	1,505,519	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,978,411	0	1,978,411	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,313,220	0	1,313,220	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	221,631	0	221,631	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,093,445		2,093,445	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	816,175		816,175	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,427,342		2,427,342	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,773,330		2,773,330	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,680,641		16,680,641	0	0	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	CHEMOTHERAPY	2,670,062		2,670,062	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	352,611		352,611	0	0	90.01
91.00	09100	EMERGENCY	5,104,870		5,104,870	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	552,941		552,941	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	4,000,146		4,000,146	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0		0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/27/2013 9:56 am

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0 115.00
116.00	11600	HOSPICE	2,093,762		2,093,762		0 116.00
200.00		Subtotal (see instructions)	93,698,208	0	93,698,208	0	0 200.00
201.00		Less Observation Beds	552,941		552,941		0 201.00
202.00		Total (see instructions)	93,145,267	0	93,145,267	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088		Period: From 01/01/2013 To 06/30/2013		Worksheet C Part I Date/Time Prepared: 11/27/2013 9:56 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,873,411		17,873,411			30.00
31.00	03100	INTENSIVE CARE UNIT	5,860,574		5,860,574			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	0		0			40.00
41.00	04100	SUBPROVIDER - I/RF	1,483,420		1,483,420			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
45.01	04510	ICF/MR	0		0			45.01
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,397,127	20,323,548	29,720,675	0.231287	0.000000	50.00
50.01	05001	SURGERY CENTER	92,149	14,923,558	15,015,707	0.222487	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	958,056	2,818,030	3,776,086	0.029365	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,088,446	39,315,764	49,404,210	0.139887	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	701,955	10,269,019	10,970,974	0.179294	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	11,150,623	20,102,605	31,253,228	0.192724	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	827,993	600,196	1,428,189	0.476752	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	6,828,973	854,157	7,683,130	0.195951	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	16,244	4,369,147	4,385,391	0.451137	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,344,244	345,571	3,689,815	0.355904	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	14,332	375,690	390,022	0.568253	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,299,701	8,364,500	11,664,201	0.179476	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	98,168	2,527,863	2,626,031	0.310802	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,858,187	4,060,420	7,918,607	0.306536	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,268,225	1,640,131	4,908,356	0.565022	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,768,908	30,931,119	48,700,027	0.342518	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	CHEMOTHERAPY	18,801	10,946,827	10,965,628	0.243494	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0	539,343	539,343	0.653779	0.000000	90.01
91.00	09100	EMERGENCY	6,980,069	27,075,219	34,055,288	0.149899	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	81,773	1,544,373	1,626,146	0.340032	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	2,738,942	2,738,942			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/27/2013 9:56 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	1,504,956	1,504,956			116.00
200.00		Subtotal (see instructions)	104,011,379	206,170,978	310,182,357			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	104,011,379	206,170,978	310,182,357			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/27/2013 9:56 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 SURGERY CENTER	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 CHEMOTHERAPY	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
112.00	08600 OTHER ORGAN ACQUISITION			112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/27/2013 9:56 am
		Title XIX	Hospital	Cost
Cost Center Description		PPS Inpatient Ratio		
200.00	Subtotal (see instructions)	11.00		
201.00	Less Observation Beds			
202.00	Total (see instructions)			
				200.00
				201.00
				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet D Part I Date/Time Prepared: 11/27/2013 9:55 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	979,184	0	979,184	12,547	78.04	30.00	
31.00	INTENSIVE CARE UNIT	207,872		207,872	2,939	70.73	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	104,232	0	104,232	1,331	78.31	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	0		0	645	0.00	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
45.01	ICF/MR	0		0	0	0.00	45.01	
200.00	Total (lines 30-199)	1,291,288		1,291,288	17,462		200.00	
Cost Center Description		Inpatient Program						
		days	Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,934	463,089				30.00	
31.00	INTENSIVE CARE UNIT	1,597	112,956				31.00	
32.00	CORONARY CARE UNIT	0	0				32.00	
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00	
40.00	SUBPROVIDER - IPF	0	0				40.00	
41.00	SUBPROVIDER - IRF	636	49,805				41.00	
42.00	SUBPROVIDER	0	0				42.00	
43.00	NURSERY	0	0				43.00	
44.00	SKILLED NURSING FACILITY	0	0				44.00	
45.00	NURSING FACILITY	0	0				45.00	
45.01	ICF/MR	0	0				45.01	
200.00	Total (lines 30-199)	8,167	625,850				200.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150088		Period: From 01/01/2013 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/27/2013 9:55 am	
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	717,266	29,720,675	0.024134	4,700,232	113,435	50.00
50.01	05001 SURGERY CENTER	193,892	15,015,707	0.012913	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	22,348	3,776,086	0.005918	393,292	2,328	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	745,738	49,404,210	0.015095	4,733,842	71,457	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	334,001	10,970,974	0.030444	345,960	10,532	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	125,863	31,253,228	0.004027	6,222,832	25,059	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,948	1,428,189	0.001364	257,084	351	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	68,067	7,683,130	0.008859	4,244,323	37,600	65.00
66.00	06600 PHYSICAL THERAPY	220,134	4,385,391	0.050197	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	46,261	3,689,815	0.012537	1,220,142	15,297	67.00
68.00	06800 SPEECH PATHOLOGY	3,601	390,022	0.009233	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	260,420	11,664,201	0.022326	1,988,073	44,386	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	109,167	2,626,031	0.041571	30,744	1,278	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,234	7,918,607	0.001292	2,398,222	3,099	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,054	4,908,356	0.001845	2,063,919	3,808	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	264,903	48,700,027	0.005439	9,196,435	50,019	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020 CHEMOTHERAPY	157,810	10,965,628	0.014391	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	23,857	539,343	0.044233	0	0	90.01
91.00	09100 EMERGENCY	252,743	34,055,288	0.007422	3,222,888	23,920	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	30,826	1,626,146	0.018956	70,656	1,339	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	3,598,133	280,721,054		41,088,644	403,908	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150088		Period: From 01/01/2013 To 06/30/2013		Worksheet D Part III Date/Time Prepared: 11/27/2013 9:55 am		
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	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	0	45.01
200.00		Total (lines 30-199)	0	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	12,547	0.00	5,934	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,939	0.00	1,597	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,331	0.00	636	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	0	42.00
43.00	04300	NURSERY	645	0.00	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0.00	0	0	0	0	45.01
200.00		Total (lines 30-199)	17,462		8,167	0	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
31.00	03100	INTENSIVE CARE UNIT	0	0					31.00
32.00	03200	CORONARY CARE UNIT	0	0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	04000	SUBPROVIDER - I PF	0	0					40.00
41.00	04100	SUBPROVIDER - I RF	0	0					41.00
42.00	04200	SUBPROVIDER	0	0					42.00
43.00	04300	NURSERY	0	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0	0					44.00
45.00	04500	NURSING FACILITY	0	0					45.00
45.01	04510	ICF/MR	0	0					45.01
200.00		Total (lines 30-199)	0	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/27/2013 9:56 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	SURGERY CENTER	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	203,178	0	203,178
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
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
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	CHEMOTHERAPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	203,178	0	203,178

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/27/2013 9:56 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	29,720,675	0.000000	0.000000	4,700,232	50.00
50.01	05001 SURGERY CENTER	0	15,015,707	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,776,086	0.000000	0.000000	393,292	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	203,178	49,404,210	0.004113	0.004113	4,733,842	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	10,970,974	0.000000	0.000000	345,960	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	31,253,228	0.000000	0.000000	6,222,832	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	1,428,189	0.000000	0.000000	257,084	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	7,683,130	0.000000	0.000000	4,244,323	65.00
66.00	06600 PHYSICAL THERAPY	0	4,385,391	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,689,815	0.000000	0.000000	1,220,142	67.00
68.00	06800 SPEECH PATHOLOGY	0	390,022	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,664,201	0.000000	0.000000	1,988,073	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,626,031	0.000000	0.000000	30,744	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,918,607	0.000000	0.000000	2,398,222	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,908,356	0.000000	0.000000	2,063,919	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	48,700,027	0.000000	0.000000	9,196,435	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 CHEMOTHERAPY	0	10,965,628	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	539,343	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	34,055,288	0.000000	0.000000	3,222,888	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,626,146	0.000000	0.000000	70,656	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (Lines 50-199)	203,178	280,721,054			41,088,644	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/27/2013 9:56 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
Title VIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	13,609,027	0	0	0	50.00
50.01	05001 SURGERY CENTER	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	968,900	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,470	13,058,784	53,711	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,092,036	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
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	873,754	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	278,654	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	324,112	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	63,000	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	75,369	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,791,219	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	537,684	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,111,873	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	873,488	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	12,045,148	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CHEMOTHERAPY	0	8,455,240	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	408,479	0	0	0	90.01
91.00	09100 EMERGENCY	0	5,040,425	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	693,676	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (Lines 50-199)	19,470	67,300,868	53,711	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/27/2013 9:56 am
	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
50.01 05001 SURGERY CENTER	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
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
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 CHEMOTHERAPY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANDERSON CENTER OP CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/27/2013 9:56 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.231287	13,609,027	0	0	3,147,591 50.00
50.01 05001 SURGERY CENTER	0.222487	0	0	0	0 50.01
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.029365	968,900	0	0	28,452 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.139887	13,058,784	0	0	1,826,754 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.179294	5,092,036	0	0	912,972 55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
57.00 05700 CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00 06000 LABORATORY	0.192724	873,754	16,270	0	168,393 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0 61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0 62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.476752	278,654	0	0	132,849 63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.195951	324,112	0	0	63,510 65.00
66.00 06600 PHYSICAL THERAPY	0.451137	63,000	0	0	28,422 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.355904	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.568253	75,369	0	0	42,829 68.00
69.00 06900 ELECTROCARDIOLOGY	0.179476	3,791,219	0	0	680,433 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.310802	537,684	0	0	167,113 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306536	1,111,873	0	0	340,829 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.565022	873,488	0	0	493,540 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.342518	12,045,148	0	2,895	4,125,680 73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
76.00 03020 CHEMOTHERAPY	0.243494	8,455,240	0	0	2,058,800 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00 09000 CLINIC	0.000000	0	0	0	0 90.00
90.01 09001 ANDERSON CENTER OP CLINIC	0.653779	408,479	0	0	267,055 90.01
91.00 09100 EMERGENCY	0.149899	5,040,425	0	0	755,555 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.340032	693,676	0	0	235,872 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 09500 AMBULANCE SERVICES	0.000000		0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0 96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0 97.00
200.00	Subtotal (see instructions)	67,300,868	16,270	2,895	15,476,649 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)	67,300,868	16,270	2,895	15,476,649 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/27/2013 9:56 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 SURGERY CENTER	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
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	3,136	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	992		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 CHEMOTHERAPY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANDERSON CENTER OP CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	3,136	992		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	3,136	992		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150088 Component CCN: 15T088		Period: From 01/01/2013 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/27/2013 9:55 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	717,266	29,720,675	0.024134	0	0	50.00
50.01	05001	SURGERY CENTER	193,892	15,015,707	0.012913	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,348	3,776,086	0.005918	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	745,738	49,404,210	0.015095	34,197	516	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	334,001	10,970,974	0.030444	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	125,863	31,253,228	0.004027	161,978	652	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,948	1,428,189	0.001364	3,366	5	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	68,067	7,683,130	0.008859	141,481	1,253	65.00
66.00	06600	PHYSICAL THERAPY	220,134	4,385,391	0.050197	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,261	3,689,815	0.012537	747,171	9,367	67.00
68.00	06800	SPEECH PATHOLOGY	3,601	390,022	0.009233	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	260,420	11,664,201	0.022326	18,922	422	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	109,167	2,626,031	0.041571	2,034	85	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,234	7,918,607	0.001292	39,778	51	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,054	4,908,356	0.001845	122	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	264,903	48,700,027	0.005439	313,373	1,704	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	CHEMOTHERAPY	157,810	10,965,628	0.014391	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	23,857	539,343	0.044233	0	0	90.01
91.00	09100	EMERGENCY	252,743	34,055,288	0.007422	449	3	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,626,146	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	3,567,307	280,721,054		1,462,871	14,058	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 01/01/2013 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/27/2013 9:55 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 SURGERY CENTER	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	203,178	0	203,178	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
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
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CHEMOTHERAPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	203,178	0	203,178	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 01/01/2013 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/27/2013 9:55 am
	Title XVIII	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	29,720,675	0.000000	0.000000	0	50.00
50.01	05001 SURGERY CENTER	0	15,015,707	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,776,086	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	203,178	49,404,210	0.004113	0.004113	34,197	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	10,970,974	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	31,253,228	0.000000	0.000000	161,978	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	1,428,189	0.000000	0.000000	3,366	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	7,683,130	0.000000	0.000000	141,481	65.00
66.00	06600 PHYSICAL THERAPY	0	4,385,391	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,689,815	0.000000	0.000000	747,171	67.00
68.00	06800 SPEECH PATHOLOGY	0	390,022	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,664,201	0.000000	0.000000	18,922	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,626,031	0.000000	0.000000	2,034	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,918,607	0.000000	0.000000	39,778	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,908,356	0.000000	0.000000	122	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	48,700,027	0.000000	0.000000	313,373	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 CHEMOTHERAPY	0	10,965,628	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	539,343	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	34,055,288	0.000000	0.000000	449	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,626,146	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	203,178	280,721,054			1,462,871	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 01/01/2013 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/27/2013 9:55 am
Title XVIIII		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
50.01	05001 SURGERY CENTER	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	141	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
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
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CHEMOTHERAPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	141	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 01/01/2013 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/27/2013 9:55 am
Title XVII		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
50.01	05001 SURGERY CENTER	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
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
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020 CHEMOTHERAPY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/27/2013 9:55 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,547	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,547	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		12,152	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,934	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		17,563,943	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		17,563,943	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		17,563,943	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,399.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,306,710	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)		8,306,710	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 01/01/2013 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/27/2013 9:55 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)		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	4,193,174	2,939	1,426.73	1,597	2,278,488	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					10,371,949	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,957,147	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)					576,045	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					423,378	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					999,423	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					19,957,724	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)					395	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,399.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					552,941	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 01/01/2013 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/27/2013 9:55 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	979,184	17,563,943	0.055750	552,941	30,826	90.00
91.00	Nursing School cost	0	17,563,943	0.000000	552,941	0	91.00
92.00	Allied health cost	0	17,563,943	0.000000	552,941	0	92.00
93.00	All other Medical Education	0	17,563,943	0.000000	552,941	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet D-1
		Component CCN: 15T088		Date/Time Prepared: 11/27/2013 9:55 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,331	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,331	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)		1,331	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)		636	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,463,772	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,463,772	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,463,772	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,099.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		699,441	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)		699,441	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 01/01/2013 To 06/30/2013		Worksheet D-1	
		Component CCN: 15T088				Date/Time Prepared: 11/27/2013 9:55 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					455,413		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,154,854		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)					49,805		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,199		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					64,004		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,090,850		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: 150088 Component CCN: 15T088		Period: From 01/01/2013 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/27/2013 9:55 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	104,232	1,463,772	0.071208	0	0	90.00
91.00	Nursing School cost	0	1,463,772	0.000000	0	0	91.00
92.00	Allied health cost	0	1,463,772	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,463,772	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 11/27/2013 9:56 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,547	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,547	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		12,152	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)		1,446	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)		645	15.00
16.00	Nursery days (title V or XIX only)		480	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		17,560,189	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		17,560,189	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		17,560,189	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,399.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,023,749	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)		2,023,749	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 01/01/2013 To 06/30/2013		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/27/2013 9:56 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	645	0.00	480	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,193,174	2,939	1,426.73	89	126,979	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					2,331,947	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,482,675	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					395	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,399.55	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					552,822	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 01/01/2013 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/27/2013 9:56 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/27/2013 9:56 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		6,615,046	30.00
31.00	03100	INTENSIVE CARE UNIT		3,347,339	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.231645	4,700,232	50.00
50.01	05001	SURGERY CENTER	0.222487	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.029365	393,292	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139887	4,733,842	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.180289	345,960	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.192724	6,222,832	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.476752	257,084	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.199242	4,244,323	65.00
66.00	06600	PHYSICAL THERAPY	0.451137	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.355904	1,220,142	67.00
68.00	06800	SPEECH PATHOLOGY	0.568253	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.179476	1,988,073	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.311014	30,744	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306536	2,398,222	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.565022	2,063,919	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.342518	9,196,435	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	CHEMOTHERAPY	0.243494	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.653779	0	90.01
91.00	09100	EMERGENCY	0.156270	3,222,888	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.340032	70,656	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		41,088,644	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)		41,088,644	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet D-3	
		Component CCN: 15T088		Date/Time Prepared: 11/27/2013 9:56 am	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		694,074	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.231645	0	50.00
50.01	05001	SURGERY CENTER	0.222487	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.029365	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139887	34,197	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.180289	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.192724	161,978	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.476752	3,366	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.199242	141,481	65.00
66.00	06600	PHYSICAL THERAPY	0.451137	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.355904	747,171	67.00
68.00	06800	SPEECH PATHOLOGY	0.568253	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.179476	18,922	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.311014	2,034	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306536	39,778	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.565022	122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.342518	313,373	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	CHEMOTHERAPY	0.243494	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.653779	0	90.01
91.00	09100	EMERGENCY	0.156270	449	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.340032	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		1,462,871	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)		1,462,871	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/27/2013 9:56 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,358,899	30.00
31.00	03100	INTENSIVE CARE UNIT		826,531	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.231287	1,294,225	50.00
50.01	05001	SURGERY CENTER	0.222487	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.029365	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139887	1,214,345	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.179294	219,629	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.192724	1,639,610	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.476752	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.195951	898,528	65.00
66.00	06600	PHYSICAL THERAPY	0.451137	350	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.355904	137,678	67.00
68.00	06800	SPEECH PATHOLOGY	0.568253	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.179476	226,367	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.310802	20,836	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306536	75,260	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.565022	22,991	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.342518	3,094,070	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	CHEMOTHERAPY	0.243494	6,715	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.653779	0	90.01
91.00	09100	EMERGENCY	0.149899	917,759	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.340032	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		9,768,363	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)		9,768,363	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet D-3	
		Component CCN: 15T088		Date/Time Prepared: 11/27/2013 9:56 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		173,946	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.231287	5,432	50.00
50.01	05001	SURGERY CENTER	0.222487	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.029365	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139887	11,867	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.179294	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.192724	38,549	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.476752	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.195951	23,776	65.00
66.00	06600	PHYSICAL THERAPY	0.451137	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.355904	202,919	67.00
68.00	06800	SPEECH PATHOLOGY	0.568253	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.179476	1,016	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.310802	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.306536	1,472	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.565022	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.342518	78,756	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	CHEMOTHERAPY	0.243494	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.653779	0	90.01
91.00	09100	EMERGENCY	0.149899	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.340032	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		363,787	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)		363,787	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/27/2013 9:56 am
		Title XVIII	Hospital	PPS
		0		1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments			10,519,079 1.00
2.00	Outlier payments for discharges. (see instructions)			2,103,178 2.00
2.01	Outlier reconciliation amount			0 2.01
3.00	Managed Care Simulated Payments			0 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			258.82 4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)			0.00 5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00 6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00 7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00 7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.			0.00 8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00 8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)			0.00 8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00 10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00 11.00
12.00	Current year allowable FTE (see instructions)			0.00 12.00
13.00	Total allowable FTE count for the prior year.			0.00 13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00 14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00 15.00
16.00	Adjustment for residents in initial years of the program			0.00 16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00 17.00
18.00	Adjusted rolling average FTE count			0.00 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000 21.00
22.00	IME payment adjustment (see instructions)			0 22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).			0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00 24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00 25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000 26.00
27.00	IME payments adjustment. (see instructions)			0.000000 27.00
28.00	IME Adjustment (see instructions)			0 28.00
29.00	Total IME payment (sum of lines 22 and 28)			0 29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.12 30.00
31.00	Percentage of Medicaid patient days (see instructions)			21.39 31.00
32.00	Sum of lines 30 and 31			26.51 32.00
33.00	Allowable disproportionate share percentage (see instructions)			11.09 33.00
34.00	Disproportionate share adjustment (see instructions)			1,166,566 34.00
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)			13,788,823 47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/27/2013 9:56 am
		Title XVII	Hospital	PPS
		0	1.00	
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)		13,788,823	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		943,612	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		1	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)		19,470	58.00
59.00	Total (sum of amounts on lines 49 through 58)		14,751,906	59.00
60.00	Primary payer payments		7,665	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		14,744,241	61.00
62.00	Deductibles billed to program beneficiaries		1,200,892	62.00
63.00	Coinurance billed to program beneficiaries		56,536	63.00
64.00	Allowable bad debts (see instructions)		33,396	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		21,707	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		18,481	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		13,508,520	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.92	Bundled Model 1 discount amount		0	70.92
70.93	HVBP incentive payment (see instructions)		34,567	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-83,101	70.94
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low Volume Payment-2 (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
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		13,459,986	71.00
71.01	Sequestration adjustment (see instructions)		135,946	71.01
72.00	Interim payments		13,005,349	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		318,691	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		1,691,328	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: 150088		Period: From 01/01/2013 To 06/30/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 11/27/2013 9:56 am	
		PPS					
		Original .mcrcx 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)	5.12	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	21.39	0.00			21.39	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	26.51	0.00			21.39	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)	258.82	0.00			258.82	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	11.09	0.00			6.86	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)	5.12	0.00	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)	2.48	0.00	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)	1,740	0			1,740	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,399	0			1,399	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	19	0			19	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	222	0			222	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)	3,380	0			3,380	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	15,736	0			15,736	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	65	0			65	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	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)	15,801	0			15,801	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	21.39	0.00			21.39	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150088		Period: From 01/01/2013 To 06/30/2013		Worksheet DSH Date/Time Prepared: 11/27/2013 9:56 am	
		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	11.09		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		11.09		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.		11.09		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: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/27/2013 9:56 am
		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	6.86		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	6.86		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.	6.86		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/27/2013 9:56 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01		
		0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00	10,519,079	0	10,519,079	10,078,325	1.00	
2.00	Outlier payments for discharges (see instructions)	2.00	2,103,178	0	2,103,178	712,231	2.00	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1109	0.1109	0.1109	0.1109	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,166,566	0	48,880	1,117,686	11.00	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	13,788,823	0	1,880,581	11,908,242	13.00	
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	13,788,823	0	1,880,581	11,908,242	15.00	
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	943,612	0	70,501	873,111	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			0	1,951,082	12,781,353	19.00	
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	834,468	0	834,468	805,509	20.00	
21.00	Capital DRG outlier payments	2.00	63,081	0	63,081	23,138	21.00	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	22.00	
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0552	0.0552	0.0552	0.0552	24.00	
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	46,063	0	1,599	44,464	25.00	
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	943,612	0	70,501	873,111	26.00	
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00		
27.00	Low volume adjustment factor				0.000000	0.000000	27.00	
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		28.00	
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	29.00	
100.00	Transfer low volume adjustments to W/S E Part A.		Y				100.00	

LOW VOLUME CALCULATION EXHIBIT 4		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/27/2013 9:56 am
		Title XVII	Hospital	PPS
		Total (Col 2 through 4) 5.00		
1.00	DRG amounts other than outlier payments	20,597,404		1.00
2.00	Outlier payments for discharges (see instructions)	2,815,409		2.00
3.00	Operating outlier reconciliation	0		3.00
4.00	Managed care simulated payments	0		4.00
Indirect Medical Education Adjustment				
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)			5.00
6.00	IME payment adjustment (see instructions)	0		6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
7.00	Amount from Worksheet E Part A, line 27 (see instructions)			7.00
8.00	IME adjustment (see instructions)	0		8.00
9.00	Total IME payment (sum of lines 6 and 8)	0		9.00
Disproportionate Share Adjustment				
10.00	Allowable disproportionate share percentage (see instructions)			10.00
11.00	Disproportionate share adjustment (see instructions)	1,166,566		11.00
Additional payment for high percentage of ESRD beneficiary discharges				
12.00	Total ESRD additional payment (see instructions)	0		12.00
13.00	Subtotal (see instructions)	13,788,823		13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	13,788,823		15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	943,612		16.00
17.00	Special add-on payments for new technologies	0		17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0		18.00
19.00	SUBTOTAL	14,732,435		19.00
		5.00		
20.00	Capital DRG other than outlier	1,639,977		20.00
21.00	Capital DRG outlier payments	86,219		21.00
22.00	Indirect medical education percentage (see instructions)			22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	0		23.00
24.00	Allowable disproportionate share percentage (see instructions)			24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	46,063		25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	943,612		26.00
		5.00		
27.00	Low volume adjustment factor			27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	0		28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	0		29.00
100.00	Transfer low volume adjustments to W/S E Part A.			100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/27/2013 9:56 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,128	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,422,938	2.00
3.00	PPS payments		12,072,615	3.00
4.00	Outlier payment (see instructions)		45,820	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.406	5.00
6.00	Line 2 times line 5		6,261,713	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		53,711	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,128	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		19,165	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)		19,165	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)		19,165	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		15,037	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)		4,128	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		12,172,146	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,650,107	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		9,526,167	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,526,167	30.00
31.00	Primary payer payments		159	31.00
32.00	Subtotal (line 30 minus line 31)		9,526,008	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)		188,395	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		122,457	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		98,733	36.00
37.00	Subtotal (see instructions)		9,648,465	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,648,465	40.00
40.01	Sequestration adjustment (see instructions)		97,449	40.01
41.00	Interim payments		9,407,263	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		143,753	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/27/2013 9:56 am
		Component CCN: 15T088	Title XVIIII	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
11/27/2013 9:55 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		13,005,349		9,407,263	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		13,005,349		9,407,263	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		454,637		241,202	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		13,459,986		9,648,465	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: 150088
Component CCN: 15T088

Period:
From 01/01/2013
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
11/27/2013 9:56 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		839,489		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		839,489		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		24,645		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		864,134		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: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet E-1 Part II Date/Time Prepared: 11/27/2013 9:56 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			0 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			0 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			0 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			0 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			0 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			0 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)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 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)			0 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet E-3 Part III Date/Time Prepared: 11/27/2013 9:56 am
		Component CCN: 15T088	Title XVIIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		759,109	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0248	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		52,606	3.00
4.00	Outlier Payments		56,216	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)		7.353591	10.00
11.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.		0.000000	11.00
12.00	Indirect Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		867,931	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)		0	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)		867,931	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		867,931	19.00
20.00	Deductibles		4,708	20.00
21.00	Subtotal (line 19 minus line 20)		863,223	21.00
22.00	Coinsurance		0	22.00
23.00	Subtotal (line 21 minus line 22)		863,223	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		1,184	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		770	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)		863,993	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)		141	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)		864,134	32.00
32.01	Sequestration adjustment (see instructions)		8,728	32.01
33.00	Interim payments		839,489	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		15,917	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		364,791	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		56,216	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

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

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet G
Date/Time Prepared:
11/27/2013 9:56 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	565,372	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	87,815,378	0	0	0	4.00
5.00	Other receivable	2,520,687	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-60,485,821	0	0	0	6.00
7.00	Inventory	3,994,839	0	0	0	7.00
8.00	Prepaid expenses	2,107,334	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	36,517,789	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,292,602	0	0	0	12.00
13.00	Land improvements	1,568,945	0	0	0	13.00
14.00	Accumulated depreciation	-1,297,682	0	0	0	14.00
15.00	Buildings	42,833,082	0	0	0	15.00
16.00	Accumulated depreciation	-28,651,691	0	0	0	16.00
17.00	Leasehold improvements	1,548,025	0	0	0	17.00
18.00	Accumulated depreciation	-1,307,864	0	0	0	18.00
19.00	Fixed equipment	32,059,020	0	0	0	19.00
20.00	Accumulated depreciation	-27,152,046	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	46,214,395	0	0	0	23.00
24.00	Accumulated depreciation	-36,170,493	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)	34,936,293	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	74,446,412	5,191,477	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	1,816,517	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	76,262,929	5,191,477	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	147,717,011	5,191,477	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,916,534	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,416,660	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	229,902	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	22,563,096	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	15,741,385	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	2,196,244	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	17,937,629	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	40,500,725	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	107,216,286				52.00
53.00	Specific purpose fund		5,191,477			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)	107,216,286	5,191,477	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	147,717,011	5,191,477	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet G-1

Date/Time Prepared:
11/27/2013 9:56 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		106,468,077		5,024,512		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,415,565				2.00
3.00	Total (sum of line 1 and line 2)		112,883,642		5,024,512		3.00
4.00	DONATIONS	0		222,541		0	4.00
5.00	INVESTMENT INCOME	0		165,816		0	5.00
6.00	TRANSFER TO AFFILIATES	-5,808,388		0		0	6.00
7.00	GRANT	0		32,344		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)		-5,808,388		420,701		10.00
11.00	Subtotal (line 3 plus line 10)		107,075,254		5,445,213		11.00
12.00	REIMBURSEMENT RESTRICTED	0		253,736		0	12.00
13.00	TRANSFER TO AFFILIATES	-141,032		0		0	13.00
14.00	UNREALIZED LOSS	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)		-141,032		253,736		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		107,216,286		5,191,477		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	DONATIONS		0				4.00
5.00	INVESTMENT INCOME		0				5.00
6.00	TRANSFER TO AFFILIATES		0				6.00
7.00	GRANT		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	REIMBURSEMENT RESTRICTED		0				12.00
13.00	TRANSFER TO AFFILIATES		0				13.00
14.00	UNREALIZED LOSS		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: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/27/2013 9:56 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	17,528,036		17,528,036	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	1,483,420		1,483,420	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	19,011,456		19,011,456	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,849,902		5,849,902	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	5,849,902		5,849,902	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	24,861,358		24,861,358	17.00
18.00	Ancillary services	72,196,698	178,940,924	251,137,622	18.00
19.00	Outpatient services	6,980,069	27,075,219	34,055,288	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,744,167	2,744,167	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	1	1,504,956	1,504,957	26.00
27.00			0	0	27.00
27.01	ADOLESCENT SERVICES	1,051,092	0	1,051,092	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	105,089,218	210,265,266	315,354,484	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		106,730,174		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)		106,730,174		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150088

Period:
From 01/01/2013
To 06/30/2013

Worksheet G-3

Date/Time Prepared:
11/27/2013 9:56 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	315,354,484	1.00
2.00	Less contractual allowances and discounts on patients' accounts	213,176,130	2.00
3.00	Net patient revenues (line 1 minus line 2)	102,178,354	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	106,730,174	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,551,820	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	112,705	6.00
7.00	Income from investments	1,904,627	7.00
8.00	Revenues from telephone and other miscellaneous communication services	45,106	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	338,865	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	18,268	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MAB/MOB/ASC	272,941	24.00
24.01	GRANTS	161,453	24.01
24.02	DME	4,241,391	24.02
24.03	ER PHYSICIAN BILLING FEES	1,498,625	24.03
24.04	OTHER MISC INCOME	330,542	24.04
24.05	MEDICARE EHR	2,042,862	24.05
25.00	Total other income (sum of lines 6-24)	10,967,385	25.00
26.00	Total (line 5 plus line 25)	6,415,565	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,415,565	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150088

Period: From 01/01/2013

Worksheet H

HHA CCN: 157059

To 06/30/2013

Date/Time Prepared: 11/27/2013 9:56 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	171,643	41,615	0	0	73,401	286,659	5.00
HHA REIMBURSABLE SERVICES							
6.00	858,505	208,146	56,151	82,815	0	1,205,617	6.00
7.00	353,628	85,738	41,005	0	0	480,371	7.00
8.00	165,952	40,235	15,487	0	0	221,674	8.00
9.00	68,191	16,533	4,896	0	0	89,620	9.00
10.00	46,086	11,174	3,759	0	0	61,019	10.00
11.00	65,553	15,894	21,175	0	0	102,622	11.00
12.00	0	0	0	0	30,782	30,782	12.00
13.00	0	0	0	0	19	19	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	1,729,558	419,335	142,473	82,815	104,202	2,478,383	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0	0	0	1.00
2.00	0	0	0	0	0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	0	286,659	8,311	294,970	0	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	0	1,205,617	0	1,205,617	0	0	6.00
7.00	0	480,371	0	480,371	0	0	7.00
8.00	0	221,674	0	221,674	0	0	8.00
9.00	0	89,620	0	89,620	0	0	9.00
10.00	0	61,019	0	61,019	0	0	10.00
11.00	0	102,622	0	102,622	0	0	11.00
12.00	0	30,782	0	30,782	0	0	12.00
13.00	0	19	0	19	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	0	2,478,383	8,311	2,486,694	0	0	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet H-1 Part I Date/Time Prepared: 11/27/2013 9:56 am
		HHA CCN: 157059	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bl dgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	294,970	0	0	0	294,970	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,205,617	0	0	0	1,205,617	6.00
7.00	Physical Therapy	480,371	0	0	0	480,371	7.00
8.00	Occupational Therapy	221,674	0	0	0	221,674	8.00
9.00	Speech Pathology	89,620	0	0	0	89,620	9.00
10.00	Medical Social Services	61,019	0	0	0	61,019	10.00
11.00	Home Health Aide	102,622	0	0	0	102,622	11.00
12.00	Supplies (see instructions)	30,782	0	0	0	30,782	12.00
13.00	Drugs	19	0	0	0	19	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,486,694	0	0	0	2,486,694	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	294,970					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	162,256	1,367,873				6.00
7.00	Physical Therapy	64,650	545,021				7.00
8.00	Occupational Therapy	29,834	251,508				8.00
9.00	Speech Pathology	12,061	101,681				9.00
10.00	Medical Social Services	8,212	69,231				10.00
11.00	Home Health Aide	13,811	116,433				11.00
12.00	Supplies (see instructions)	4,143	34,925				12.00
13.00	Drugs	3	22				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		2,486,694				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet H-1 Part II Date/Time Prepared: 11/27/2013 9:56 am
		HHA CCN: 157059	Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-294,970	2,191,724
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,205,617
7.00	Physical Therapy	0	0	0	0	0	480,371
8.00	Occupational Therapy	0	0	0	0	0	221,674
9.00	Speech Pathology	0	0	0	0	0	89,620
10.00	Medical Social Services	0	0	0	0	0	61,019
11.00	Home Health Aide	0	0	0	0	0	102,622
12.00	Supplies (see instructions)	0	0	0	0	0	30,782
13.00	Drugs	0	0	0	0	0	19
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-294,970	2,191,724
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		294,970
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.134584

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150088

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 157059

To 06/30/2013

Part I
Date/Time Prepared: 11/27/2013 9:56 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		NEW BLDG & FIXT	NEW BLDG & FIXT				
		0	1.00				
1.00 Administrative and General	0	42,955	0	11,500	3,148	0	1.00
2.00 Skilled Nursing Care	1,367,873	0	0	57,521	0	913	2.00
3.00 Physical Therapy	545,021	0	0	23,693	0	593	3.00
4.00 Occupational Therapy	251,508	0	0	11,119	0	174	4.00
5.00 Speech Pathology	101,681	0	0	4,569	0	56	5.00
6.00 Medical Social Services	69,231	0	0	3,088	0	140	6.00
7.00 Home Health Aide	116,433	0	0	4,392	0	64	7.00
8.00 Supplies (see instructions)	34,925	0	0	0	0	0	8.00
9.00 Drugs	22	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,486,694	42,955	0	115,882	3,148	1,940	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	0	57,603	22,065	115,016	1.00
2.00 Skilled Nursing Care	0	3,436	5,287	1,435,030	549,704	0	2.00
3.00 Physical Therapy	0	2,235	3,440	574,982	220,253	0	3.00
4.00 Occupational Therapy	0	657	1,011	264,469	101,308	0	4.00
5.00 Speech Pathology	0	212	327	106,845	40,928	0	5.00
6.00 Medical Social Services	0	529	814	73,802	28,271	0	6.00
7.00 Home Health Aide	0	241	372	121,502	46,543	0	7.00
8.00 Supplies (see instructions)	737	0	0	35,662	13,661	0	8.00
9.00 Drugs	0	0	0	22	8	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	737	7,310	11,251	2,669,917	1,022,741	115,016	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet H-2 Part I Date/Time Prepared: 11/27/2013 9:56 am
		HHA CCN: 157059	Home Health Agency I	PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	0	0	6,348	0	79,781	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	6,348	0	79,781	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	90,078	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	4,314	0	0	2.00
3.00	Physical Therapy	0	0	0	2,806	0	0	3.00
4.00	Occupational Therapy	0	0	0	825	0	0	4.00
5.00	Speech Pathology	0	0	0	267	0	0	5.00
6.00	Medical Social Services	0	0	0	664	0	0	6.00
7.00	Home Health Aide	0	0	0	303	0	0	7.00
8.00	Supplies (see instructions)	0	7,081	0	0	0	0	8.00
9.00	Drugs	0	0	5	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	90,078	7,081	5	9,179	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150088

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 157059

To 06/30/2013

Part I
Date/Time Prepared:
11/27/2013 9:56 am

Home Health Agency I

PPS

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS			PARAMED ED PRGM	SCH OF RADIOLOGY	Subtotal	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS					
		20.00	21.00	22.00				
1.00 Administrative and General	0	0	0	0	0	370,891	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	1,989,048	2.00	
3.00 Physical Therapy	0	0	0	0	0	798,041	3.00	
4.00 Occupational Therapy	0	0	0	0	0	366,602	4.00	
5.00 Speech Pathology	0	0	0	0	0	148,040	5.00	
6.00 Medical Social Services	0	0	0	0	0	102,737	6.00	
7.00 Home Health Aide	0	0	0	0	0	168,348	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	56,404	8.00	
9.00 Drugs	0	0	0	0	0	35	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	4,000,146	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs				
	25.00	26.00	27.00	28.00				
1.00 Administrative and General	0	370,891					1.00	
2.00 Skilled Nursing Care	0	1,989,048	203,270	2,192,318			2.00	
3.00 Physical Therapy	0	798,041	81,556	879,597			3.00	
4.00 Occupational Therapy	0	366,602	37,465	404,067			4.00	
5.00 Speech Pathology	0	148,040	15,129	163,169			5.00	
6.00 Medical Social Services	0	102,737	10,499	113,236			6.00	
7.00 Home Health Aide	0	168,348	17,204	185,552			7.00	
8.00 Supplies (see instructions)	0	56,404	5,764	62,168			8.00	
9.00 Drugs	0	35	4	39			9.00	
10.00 DME	0	0	0	0			10.00	
11.00 Home Dialysis Aide Services	0	0	0	0			11.00	
12.00 Respiratory Therapy	0	0	0	0			12.00	
13.00 Private Duty Nursing	0	0	0	0			13.00	
14.00 Clinic	0	0	0	0			14.00	
15.00 Health Promotion Activities	0	0	0	0			15.00	
16.00 Day Care Program	0	0	0	0			16.00	
17.00 Home Delivered Meals Program	0	0	0	0			17.00	
18.00 Homemaker Service	0	0	0	0			18.00	
19.00 All Others (specify)	0	0	0	0			19.00	
20.00 Total (sum of lines 1-19) (2)	0	4,000,146	370,891	4,000,146			20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.102195				21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150088 HHA CCN: 157059	Period: From 01/01/2013 To 06/30/2013	Worksheet H-2 Part II Date/Time Prepared: 11/27/2013 9:56 am PPS
			Home Health Agency I	

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	1.01					
1.00 Administrative and General	7,973	0	171,643	9	0	0	1.00
2.00 Skilled Nursing Care	0	0	858,505	0	1,289,757	0	2.00
3.00 Physical Therapy	0	0	353,628	0	838,907	0	3.00
4.00 Occupational Therapy	0	0	165,952	0	246,674	0	4.00
5.00 Speech Pathology	0	0	68,191	0	79,715	0	5.00
6.00 Medical Social Services	0	0	46,086	0	198,461	0	6.00
7.00 Home Health Aide	0	0	65,553	0	90,653	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	38,136	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	7,973	0	1,729,558	9	2,744,167	38,136	20.00
21.00 Total cost to be allocated	42,955	0	115,882	3,148	1,940	737	21.00
22.00 Unit cost multiplier	5.387558	0.000000	0.067001	349.777778	0.000707	0.019326	22.00
Cost Center Description	ADMITTING (DEPT. REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	0	0	57,603	7,973	0	1.00
2.00 Skilled Nursing Care	1,289,757	1,289,757	0	1,435,030	0	0	2.00
3.00 Physical Therapy	838,907	838,907	0	574,982	0	0	3.00
4.00 Occupational Therapy	246,674	246,674	0	264,469	0	0	4.00
5.00 Speech Pathology	79,715	79,715	0	106,845	0	0	5.00
6.00 Medical Social Services	198,461	198,461	0	73,802	0	0	6.00
7.00 Home Health Aide	90,653	90,653	0	121,502	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	35,662	0	0	8.00
9.00 Drugs	0	0	0	22	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,744,167	2,744,167		2,669,917	7,973	0	20.00
21.00 Total cost to be allocated	7,310	11,251		1,022,741	115,016	0	21.00
22.00 Unit cost multiplier	0.002664	0.004100		0.383061	14.425687	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150088
HHA CCN: 157059

Period: From 01/01/2013 To 06/30/2013

Worksheet H-2 Part II
Date/Time Prepared: 11/27/2013 9:56 am

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	145	0	55,681	0	55,681	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	145	0	55,681	0	55,681	20.00
21.00	Total cost to be allocated	0	6,348	0	79,781	0	90,078	21.00
22.00	Unit cost multiplier	0.000000	43.779310	0.000000	1.432823	0.000000	1.617751	22.00
Cost Center Description		CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	1,289,757	0	0	0	2.00
3.00	Physical Therapy	0	0	838,907	0	0	0	3.00
4.00	Occupational Therapy	0	0	246,674	0	0	0	4.00
5.00	Speech Pathology	0	0	79,715	0	0	0	5.00
6.00	Medical Social Services	0	0	198,461	0	0	0	6.00
7.00	Home Health Aide	0	0	90,653	0	0	0	7.00
8.00	Supplies (see instructions)	30,157	0	0	0	0	0	8.00
9.00	Drugs	0	20	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	30,157	20	2,744,167	0	0	0	20.00
21.00	Total cost to be allocated	7,081	5	9,179	0	0	0	21.00
22.00	Unit cost multiplier	0.234805	0.250000	0.003345	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150088
HHA CCN: 157059

Period:
From 01/01/2013
To 06/30/2013

Worksheet H-2
Part II
Date/Time Prepared:
11/27/2013 9:56 am
PPS

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM (RAD SCH)	SCH OF RADIOLOGY (RAD SCH)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00				
1.00 Administrative and General	0	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0	0	0		20.00
21.00 Total cost to be allocated	0	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet H-3 Part I Date/Time Prepared: 11/27/2013 9:56 am
		HHA CCN: 157059	Title XVIII	Home Health Agency I PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,192,318		2,192,318	7,088	309.30	1.00
2.00	Physical Therapy	3.00	879,597	0	879,597	4,441	198.06	2.00
3.00	Occupational Therapy	4.00	404,067	0	404,067	1,599	252.70	3.00
4.00	Speech Pathology	5.00	163,169	0	163,169	516	316.22	4.00
5.00	Medical Social Services	6.00	113,236		113,236	437	259.12	5.00
6.00	Home Health Aide	7.00	185,552		185,552	1,711	108.45	6.00
7.00	Total (sum of lines 1-6)		3,937,939	0	3,937,939	15,792		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		5.00
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation						
8.00	Skilled Nursing Care	11300	1,747	1,427		8.00
8.01	Skilled Nursing Care	26900	10	15		8.01
8.02	Skilled Nursing Care	29020	940	428		8.02
8.03	Skilled Nursing Care	29140	43	34		8.03
8.04	Skilled Nursing Care	34620	87	70		8.04
8.05	Skilled Nursing Care	99915	595	290		8.05
9.00	Physical Therapy	11300	941	811		9.00
9.01	Physical Therapy	26900	3	4		9.01
9.02	Physical Therapy	29020	729	334		9.02
9.03	Physical Therapy	29140	43	7		9.03
9.04	Physical Therapy	34620	47	37		9.04
9.05	Physical Therapy	99915	451	224		9.05
10.00	Occupational Therapy	11300	349	268		10.00
10.01	Occupational Therapy	26900	2	1		10.01
10.02	Occupational Therapy	29020	338	105		10.02
10.03	Occupational Therapy	29140	22	9		10.03
10.04	Occupational Therapy	34620	12	13		10.04
10.05	Occupational Therapy	99915	158	82		10.05
11.00	Speech Pathology	11300	70	61		11.00
11.01	Speech Pathology	26900	0	13		11.01
11.02	Speech Pathology	29020	80	74		11.02
11.03	Speech Pathology	29140	11	0		11.03
11.04	Speech Pathology	34620	0	7		11.04
11.05	Speech Pathology	99915	56	5		11.05
12.00	Medical Social Services	11300	67	78		12.00
12.01	Medical Social Services	26900	0	2		12.01
12.02	Medical Social Services	29020	123	56		12.02
12.03	Medical Social Services	29140	10	1		12.03
12.04	Medical Social Services	34620	1	2		12.04
12.05	Medical Social Services	99915	56	17		12.05
13.00	Home Health Aide	11300	368	627		13.00
13.01	Home Health Aide	26900	3	12		13.01
13.02	Home Health Aide	29020	102	193		13.02
13.03	Home Health Aide	29140	18	5		13.03
13.04	Home Health Aide	34620	24	19		13.04
13.05	Home Health Aide	99915	83	189		13.05
14.00	Total (sum of lines 8-13)		7,589	5,520		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet H-3 Part I Date/Time Prepared: 11/27/2013 9:56 am		
				HHA CCN: 157059	Title XVIII	Home Health Agency I PPS		
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (From HHA Record)	Ratio (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	62,168	0	62,168	117,089	0.530947	15.00
16.00	Cost of Drugs	9.00	39	0	39	0	0.000000	16.00
Program Visits								
Cost Center Description	Part A	Part B		Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00		8.00	9.00	10.00	11.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	3,422	2,264		1,058,425	700,255		1.00
2.00	Physical Therapy	2,214	1,417		438,505	280,651		2.00
3.00	Occupational Therapy	881	478		222,629	120,791		3.00
4.00	Speech Pathology	217	160		68,620	50,595		4.00
5.00	Medical Social Services	257	156		66,594	40,423		5.00
6.00	Home Health Aide	598	1,045		64,853	113,330		6.00
7.00	Total (sum of lines 1-6)	7,589	5,520		1,919,626	1,306,045		7.00
Cost Center Description								
	6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
8.04	Skilled Nursing Care							8.04
8.05	Skilled Nursing Care							8.05
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
9.04	Physical Therapy							9.04
9.05	Physical Therapy							9.05
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
10.04	Occupational Therapy							10.04
10.05	Occupational Therapy							10.05
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
11.04	Speech Pathology							11.04
11.05	Speech Pathology							11.05
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
12.04	Medical Social Services							12.04
12.05	Medical Social Services							12.05
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
13.04	Home Health Aide							13.04
13.05	Home Health Aide							13.05
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150088 HHA CCN: 157059	Period: From 01/01/2013 To 06/30/2013	Worksheet H-3 Part I Date/Time Prepared: 11/27/2013 9:56 am
		Title XVII I	Home Health Agency I	PPS

Cost Center Description	Program Covered Charges			Cost of Services		
	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance

6.00		7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies		0				15.00
16.00	Cost of Drugs		0			0	16.00
Total Program Cost (sum of col.s. 9-10)							
		12.00					

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation			
1.00	Skilled Nursing Care	1,758,680	1.00
2.00	Physical Therapy	719,156	2.00
3.00	Occupational Therapy	343,420	3.00
4.00	Speech Pathology	119,215	4.00
5.00	Medical Social Services	107,017	5.00
6.00	Home Health Aide	178,183	6.00
7.00	Total (sum of lines 1-6)	3,225,671	7.00
Total (sum of lines 1-6)			
12.00			

Limitation Cost Computation

8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
8.02	Skilled Nursing Care		8.02
8.03	Skilled Nursing Care		8.03
8.04	Skilled Nursing Care		8.04
8.05	Skilled Nursing Care		8.05
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
9.02	Physical Therapy		9.02
9.03	Physical Therapy		9.03
9.04	Physical Therapy		9.04
9.05	Physical Therapy		9.05
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
10.02	Occupational Therapy		10.02
10.03	Occupational Therapy		10.03
10.04	Occupational Therapy		10.04
10.05	Occupational Therapy		10.05
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
11.02	Speech Pathology		11.02
11.03	Speech Pathology		11.03
11.04	Speech Pathology		11.04
11.05	Speech Pathology		11.05
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
12.02	Medical Social Services		12.02
12.03	Medical Social Services		12.03
12.04	Medical Social Services		12.04
12.05	Medical Social Services		12.05
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
13.02	Home Health Aide		13.02
13.03	Home Health Aide		13.03
13.04	Home Health Aide		13.04
13.05	Home Health Aide		13.05
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150088

Period:

Worksheet H-3

HHA CCN: 157059

From 01/01/2013
To 06/30/2013

Part II
Date/Time Prepared:
11/27/2013 9:56 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.451137	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.355904	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.568253	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.306536	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.342518	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150088 HHA CCN: 157059	Period: From 01/01/2013 To 06/30/2013	Worksheet H-4 Part I-II Date/Time Prepared: 11/27/2013 9:56 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	1,654,078	1,160,559	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	1,654,078	1,160,559	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	1,654,078	1,160,559	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,177,293	785,738
12.00	Total PPS Reimbursement - Full Episodes with Outliers		8,346	14,334
13.00	Total PPS Reimbursement - LUPA Episodes		12,427	6,991
14.00	Total PPS Reimbursement - PEP Episodes		11,155	6,613
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		584	703
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	762
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,209,805	815,141
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,209,805	815,141
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		1,209,805	815,141
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,209,805	815,141
30.00	OTHER		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,209,805	815,141
31.01	Sequestration adjustment (see instructions)		12,202	7,620
32.00	Interim payments (see instructions)		1,197,603	807,521
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet H-5
	HHA CCN: 157059	Home Health Agency I	Date/Time Prepared: 11/27/2013 9:56 am PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,197,603		807,521	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,197,603		807,521	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		12,202		7,620	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,209,805		815,141	7.00
			0	Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150088

Period: From 01/01/2013

Worksheet K

Hospice CCN: 151516

To 06/30/2013

Date/Time Prepared: 11/27/2013 9:56 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	124,095	32,830	41,303	0	223,934	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	467,006	123,546	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	74,233	19,638	0	0	0	15.00
16.00	Spiritual Counseling	51,511	13,627	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	37,684	9,969	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	70,400	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	78,109	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	754,529	199,610	41,303	0	372,443	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150088

Period: From 01/01/2013

Worksheet K

Hospice CCN: 151516

To 06/30/2013

Date/Time Prepared: 11/27/2013 9:56 am

		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	422,162	0	422,162	0	422,162	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	590,552	0	590,552	0	590,552	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	93,871	0	93,871	0	93,871	15.00
16.00	Spiritual Counseling	65,138	0	65,138	0	65,138	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	47,653	0	47,653	0	47,653	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	70,400	0	70,400	0	70,400	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	78,109	0	78,109	0	78,109	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,367,885	0	1,367,885	0	1,367,885	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150088

Period: From 01/01/2013

Worksheet K-1

Hospice CCN: 151516

To 06/30/2013

Date/Time Prepared: 11/27/2013 9:56 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	98,377	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	467,006	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	74,233	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	74,233	98,377	467,006	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150088

Period: From 01/01/2013

Worksheet K-1

Hospice CCN: 151516

To 06/30/2013

Date/Time Prepared: 11/27/2013 9:56 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	25,718	124,095	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	467,006	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	74,233	15.00
16.00	Spiritual Counseling		0	51,511	51,511	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		37,684	0	37,684	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	37,684	77,229	754,529	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet K-2
		Hospice CCN: 151516		Date/Time Prepared: 11/27/2013 9:56 am

		Hospice I				
		Administrator	Director	Social Services	Supervisors	Nurses
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	26,026	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	19,638	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	19,638	26,026	123,546

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150088

Period: From 01/01/2013

Worksheet K-2

Hospice CCN: 151516

To 06/30/2013

Date/Time Prepared: 11/27/2013 9:56 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	6,804	32,830	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	123,546	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	19,638	15.00
16.00	Spiritual Counseling		0	13,627	13,627	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		9,969	0	9,969	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	9,969	20,431	199,610	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150088

Period: From 01/01/2013

Worksheet K-4

Hospice CCN: 151516

To 06/30/2013

Part I
Date/Time Prepared:
11/27/2013 9:56 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	422,162	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	590,552	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	93,871	0	0	0	0	15.00
16.00	Spiritual Counseling	65,138	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	47,653	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	70,400	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	78,109	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,367,885	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150088	Period: From 01/01/2013	Worksheet K-4
		Hospice CCN: 151516	To 06/30/2013	Part I
				Date/Time Prepared: 11/27/2013 9:56 am

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	422,162	422,162		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	590,552	263,617	854,169	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	93,871	41,903	135,774	15.00
16.00	Spiritual Counseling	0	65,138	29,077	94,215	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	47,653	21,272	68,925	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	70,400	31,426	101,826	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	78,109	34,867	112,976	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,367,885		1,367,885	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period: From 01/01/2013

Worksheet K-4

Hospice CCN: 151516

To 06/30/2013

Part II
Date/Time Prepared:
11/27/2013 9:56 am

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period: From 01/01/2013

Worksheet K-4

Hospice CCN: 151516

To 06/30/2013

Part II
Date/Time Prepared:
11/27/2013 9:56 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-422,162	945,723	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	590,552	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	93,871	15.00
16.00	Spiritual Counseling	0	65,138	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	47,653	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	70,400	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	78,109	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		422,162	39.00
40.00	Unit Cost Multiplier		0.446391	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151516

To 06/30/2013

Part I
Date/Time Prepared:
11/27/2013 9:56 am

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW BLDG & FIXT			
			1.00	1.01			
		0	6,002	0	50,554	2,798	1.00
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	854,169	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	135,774	0	0	0	0	10.00
11.00	Spiritual Counseling	94,215	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	68,925	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	101,826	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	112,976	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,367,885	6,002	0	50,554	2,798	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period:

Worksheet K-5

Hospice CCN: 151516

From 01/01/2013
To 06/30/2013

Part I
Date/Time Prepared:
11/27/2013 9:56 am

Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
1.00 Administrative and General	1,064	2,914	4,009	6,170	73,511	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	854,169	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	135,774	10.00
11.00 Spiritual Counseling	0	0	0	0	94,215	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	68,925	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	101,826	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	112,976	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,064	2,914	4,009	6,170	1,441,396	34.00
35.00 Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period:

Worksheet K-5

Hospice CCN: 151516

From 01/01/2013

Part I
Date/Time Prepared:
11/27/2013 9:56 am

Cost Center Description	Hospice I					
	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.06	6.00	7.00	8.00	9.00	
1.00 Administrative and General	28,159	16,070	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	327,199	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	52,010	0	0	0	0	10.00
11.00 Spiritual Counseling	36,090	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	26,402	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	39,006	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	43,277	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	552,143	16,070	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151516

To 06/30/2013

Part I
Date/Time Prepared:
11/27/2013 9:56 am

Cost Center Description		Hospice I					
		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	28,559	0	32,245	18,309	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	28,559	0	32,245	18,309	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period:

Worksheet K-5

Hospice CCN: 151516

From 01/01/2013
To 06/30/2013

Part I
Date/Time Prepared:
11/27/2013 9:56 am

Cost Center Description		Hospice I					
		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	6	5,034	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6	5,034	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period:

Worksheet K-5

Hospice CCN: 151516

From 01/01/2013
To 06/30/2013

Part I
Date/Time Prepared:
11/27/2013 9:56 am

Hospice I

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal (col s. 4A-23)	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
1.00 Administrative and General	0	0	0	0	201,893	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	1,181,368	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	187,784	10.00
11.00 Spiritual Counseling	0	0	0	0	130,305	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	95,327	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	140,832	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	156,253	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	2,093,762	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 151516

To 06/30/2013

Part I
Date/Time Prepared:
11/27/2013 9:56 am

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	1,181,368	126,070	1,307,438		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	187,784	20,040	207,824		10.00
11.00	Spiritual Counseling	0	130,305	13,906	144,211		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	95,327	10,173	105,500		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	140,832	15,029	155,861		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	156,253	16,675	172,928		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	2,093,762		2,093,762		34.00
35.00	Unit Cost Multiplier (see instructions)			0.106716			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088
Hospice CCN: 151516

Period:
From 01/01/2013
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/27/2013 9:56 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
	1.00	1.01				
1.00 Administrative and General	5,395	0	754,529	8	1,504,956	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	5,395	0	754,529	8	1,504,956	34.00
35.00 Total cost to be allocated	6,002	0	50,554	2,798	1,064	35.00
36.00 Unit Cost Multiplier (see instructions)	1.112512	0.000000	0.067001	349.750000	0.000707	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088

Hospice CCN: 151516

Period:
From 01/01/2013
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/27/2013 9:56 am

Cost Center Description		Hospice I					OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (DEPT. REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation			
		5.03	5.04	5.05	5A.06	5.06		
1.00	Administrative and General	150,780	1,504,956	1,504,956	0	73,511	1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	0	0	0	0	4.00	
5.00	Nursing Care	0	0	0	0	854,169	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	0	0	0	0	135,774	10.00	
11.00	Spiritual Counseling	0	0	0	0	94,215	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	0	0	0	0	68,925	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	0	0	0	0	0	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	101,826	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00	Patient Transportation	0	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	0	112,976	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	0	0	0	0	0	30.00	
31.00	Volunteer Program Costs	0	0	0	0	0	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	150,780	1,504,956	1,504,956		1,441,396	34.00	
35.00	Total cost to be allocated	2,914	4,009	6,170		552,143	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.019326	0.002664	0.004100		0.383061	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088

Hospice CCN: 151516

Period:
From 01/01/2013
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/27/2013 9:56 am

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	32,915	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	32,915	0	0	0	0	34.00
35.00	Total cost to be allocated	16,070	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.488227	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088

Hospice CCN: 151516

Period:
From 01/01/2013
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/27/2013 9:56 am

Cost Center Description	Hospice I					PHARMACY (DRUG EXPENSE)	
	CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)			
	11.00	12.00	13.00	14.00	15.00		
1.00 Administrative and General	19,932	0	19,932	77,971	25	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	19,932	0	19,932	77,971	25	34.00	
35.00 Total cost to be allocated	28,559	0	32,245	18,309	6	35.00	
36.00 Unit Cost Multiplier (see instructions)	1.432822	0.000000	1.617750	0.234818	0.240000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088

Hospice CCN: 151516

Period:
From 01/01/2013
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/27/2013 9:56 am

Cost Center Description		Hospice I					INTERNS & RESIDENTS	
		MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
		16.00	17.00	19.00	20.00	21.00		
1.00	Administrative and General	1,504,956	0	0	0	0	1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	0	0	0	0	4.00	
5.00	Nursing Care	0	0	0	0	0	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Spiritual Counseling	0	0	0	0	0	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	0	0	0	0	0	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00	Patient Transportation	0	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	0	0	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	0	0	0	0	0	30.00	
31.00	Volunteer Program Costs	0	0	0	0	0	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	1,504,956	0	0	0	0	34.00	
35.00	Total cost to be allocated	5,034	0	0	0	0	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.003345	0.000000	0.000000	0.000000	0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150088

Hospice CCN: 151516

Period:
From 01/01/2013
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/27/2013 9:56 am

Hospice I

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet K-5 Part III Date/Time Prepared: 11/27/2013 9:56 am	
		Hospice CCN: 151516	Hospice I		
Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
	0	1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.451137	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.355904	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.568253	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.342518	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	5.00
6.00	LABORATORY	60.00	0.192724	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.306536	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.180289	0	9.00
10.00	CHEMOTHERAPY	76.00	0.243494	0	10.00
11.00	Totals (sum of lines 1-10)				11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150088

Period: From 01/01/2013

Worksheet K-6

Hospice CCN: 151516

To 06/30/2013

Date/Time Prepared: 11/27/2013 9:56 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,093,762	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				7,955	2.00
3.00	Average cost per diem (line 1 divided by line 2)				263.20	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	6,982				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,837,662				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		207			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		54,482			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	1,811				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	476,655				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		70			10.00
11.00	Aggregate NF cost (line 3 times line 10)		18,424			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			766		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			201,611		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150088	Period: From 01/01/2013 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/27/2013 9:56 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		834,468	1.00
2.00	Capital DRG outlier payments		63,081	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		83.38	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.12	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.39	8.00
9.00	Sum of lines 7 and 8		26.51	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.52	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		46,063	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		943,612	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