

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).  
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

FORM APPROVED  
 OMB NO. 0938-0050  
 Worksheet S  
 Parts I-III  
 Date/Time Prepared:  
 5/29/2014 9:07 am

Provider CCN: 150009

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

**PART I - COST REPORT STATUS**

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

Date: 5/29/2014 Time: 9:07 am

**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 CLARK MEMORIAL HOSPITAL ( 150009 ) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

**Encryption Information**

ECR: Date: 5/29/2014 Time: 9:07 am  
 NL3fjUmT7VERBrRqednHKGw0bdYVCO  
 UAgk60Jza0.5S00FukMNUODfQZ56LH  
 rXpX1JvSHR0ECzw8  
 PI: Date: 5/29/2014 Time: 9:07 am  
 FffMe0D4XmBaa1lR8bxJG.:1rGwW80  
 dE7090bcDq6eD52v9oyhraqmXDNISW  
 PvgC00b9k1079rfH

(Signed)

Officer or Administrator of Provider(s)

Title

Date

*[Signature]*  
 cf  
 5/29/14

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	118,780	211,155	-16,796	0	1.00
2.00 Subprovider - IPF	0	58,338	16		0	2.00
3.00 Subprovider - IRF	0	0	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
200.00 Total	0	177,118	211,171	-16,796	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: 150009		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 9:02 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1220 MISSOURI AVENUE	PO Box: 69	Zip Code: 47130		County: CLARK				1.00	
2.00	City: JEFFERSONVILLE	State: IN							2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	CLARK MEMORIAL HOSPITAL	150009	31140	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	BEHAVIORAL MEDICINE UNIT	15S009	31140	4	01/01/1992	N	P	N	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013	12/31/2013		20.00	
21.00	Type of Control (see instructions)					9			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,634	957	145	124	3,590	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	
						Urban/Rural S	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 9:02 am		
		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)	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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

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

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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	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0
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.		N		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		0		
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	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 high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		
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.				
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 9:02 am			
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:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00	
				1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75	169.00	
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2013	12/31/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 9:02 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/23/2014	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			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	04/08/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 9:02 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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			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		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD		BKD	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435		LV COSTREPORTS@BKD.COM	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/08/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150009

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2014 9:02 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	135	49,275	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)		135	49,275	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	34	12,410	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		169	61,685	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		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						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		189				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: 150009

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2014 9:02 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)	18,530	3,523	40,660			1.00
2.00 HMO and other (see instructions)	4,741	4,816				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	18,530	3,523	40,660			7.00
8.00 INTENSIVE CARE UNIT	4,903	815	9,413			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		296	3,416			13.00
14.00 Total (see instructions)	23,433	4,634	53,489	1.99	1,182.20	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,171	0	2,798	0.00	17.08	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	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						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				1.99	1,199.28	27.00
28.00 Observation Bed Days		0	3,120			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			371			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			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: 150009

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2014 9:02 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,024	1,161	13,399	1.00
2.00 HMO and other (see instructions)			1,064			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	5,024	1,161	13,399	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	221	0	515	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	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						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150009

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2014 9:02 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	58,043,827	0	58,043,827	2,494,502.62	23.27
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		137,331	0	137,331	4,139.20	33.18
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)		1,272,809	-141,238	1,131,571	49,434.88	22.89
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		155,256	0	155,256	4,500.15	34.50
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		12,458,645	0	12,458,645		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		125,477	0	125,477		
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		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	353,995	0	353,995	13,441.25	26.34
27.00	Administrative & General	5.00	7,317,325	0	7,317,325	322,105.69	22.72
28.00	Administrative & General under contract (see inst.)		559,573	0	559,573	5,337.32	104.84
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,127,434	0	1,127,434	55,869.00	20.18
31.00	Laundry & Linen Service	8.00	131,326	0	131,326	10,555.75	12.44
32.00	Housekeeping	9.00	1,586,225	0	1,586,225	118,744.42	13.36
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,503,887	0	1,503,887	114,573.47	13.13
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	435,820	0	435,820	11,761.25	37.06
39.00	Central Services and Supply	14.00	387,690	0	387,690	23,281.25	16.65
40.00	Pharmacy	15.00	2,491,038	0	2,491,038	67,840.68	36.72
41.00	Medical Records & Medical Records Library	16.00	1,522,632	0	1,522,632	78,926.57	19.29

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150009

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2014 9:02 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	1,777,779	0	1,777,779	57,330.51	31.01	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150009

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2014 9:02 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	58,466,069	0	58,466,069	2,495,700.74	23.43	1.00
2.00	Excluded area salaries (see instructions)	1,272,809	-141,238	1,131,571	49,434.88	22.89	2.00
3.00	Subtotal salaries (line 1 minus line 2)	57,193,260	141,238	57,334,498	2,446,265.86	23.44	3.00
4.00	Subtotal other wages & related costs (see inst.)	155,256	0	155,256	4,500.15	34.50	4.00
5.00	Subtotal wage-related costs (see inst.)	12,458,645	0	12,458,645	0.00	21.73	5.00
6.00	Total (sum of lines 3 thru 5)	69,807,161	141,238	69,948,399	2,450,766.01	28.54	6.00
7.00	Total overhead cost (see instructions)	19,194,724	0	19,194,724	879,767.16	21.82	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2014 9:02 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,971,791	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	34,365	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	5,660,664	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	198,107	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	16,564	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)	18,532	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	274,076	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	4,271,990	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	55,474	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	135,456	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>	<b>12,637,019</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150009

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/29/2014 9:02 am

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



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet A Date/Time Prepared: 5/29/2014 9:02 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		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		10,724,238	10,724,238	-4,439,349	6,284,889	1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	6,966,989	6,966,989	2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	353,995	14,350,699	14,704,694	-34,031	14,670,663	4.00	
5.01 00510 NONPATIENT TELEPHONES	265,358	330,634	595,992	-21,374	574,618	5.01	
5.02 00511 PURCHASING, RECEIVING AND STORES	626,523	251,056	877,579	43,856	921,435	5.02	
5.03 00512 ADMITTING	1,223,573	169,396	1,392,969	-165	1,392,804	5.03	
5.04 00513 CASHIERING/ACCOUNTS RECEIVABLE	966,676	855,090	1,821,766	0	1,821,766	5.04	
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL	4,235,195	16,789,699	21,024,894	29,745	21,054,639	5.05	
7.00 00700 OPERATION OF PLANT	1,127,434	5,567,881	6,695,315	89,423	6,784,738	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	131,326	824,398	955,724	-8	955,716	8.00	
9.00 00900 HOUSEKEEPING	1,586,225	332,218	1,918,443	-6,515	1,911,928	9.00	
10.00 01000 DIETARY	1,503,887	1,744,503	3,248,390	-14,399	3,233,991	10.00	
11.00 01100 CAFETERIA	0	0	0	0	0	11.00	
13.00 01300 NURSING ADMINISTRATION	435,820	14,407	450,227	-106	450,121	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	387,690	229,072	616,762	-23,004	593,758	14.00	
15.00 01500 PHARMACY	2,491,038	7,392,302	9,883,340	0	9,883,340	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,522,632	783,132	2,305,764	-137,333	2,168,431	16.00	
17.00 01700 SOCIAL SERVICE	1,777,779	411,158	2,188,937	-1	2,188,936	17.00	
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	137,331	137,331	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	11,742,129	1,137,993	12,880,122	-510,566	12,369,556	30.00	
31.00 03100 INTENSIVE CARE UNIT	4,229,450	786,357	5,015,807	-554,200	4,461,607	31.00	
40.00 04000 SUBPROVIDER - I/PF	912,754	137,010	1,049,764	-179,990	869,774	40.00	
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00	
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00	
43.00 04300 NURSERY	766,541	97,242	863,783	-82,033	781,750	43.00	
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	4,307,530	14,430,726	18,738,256	-11,402,093	7,336,163	50.00	
51.00 05100 RECOVERY ROOM	964,972	264,243	1,229,215	-507,836	721,379	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,248,744	409,239	1,657,983	0	1,657,983	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,086,898	3,226,215	7,313,113	-1,771,150	5,541,963	54.00	
59.00 05900 CARDIAC CATHETERIZATION	1,088,208	4,752,738	5,840,946	-1,660,208	4,180,738	59.00	
60.00 06000 LABORATORY	2,841,411	3,295,915	6,137,326	-24,434	6,112,892	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	1,108,906	1,108,906	-1,018,296	90,610	63.00	
64.00 06400 INTRAVENOUS THERAPY	234,626	437,573	672,199	0	672,199	64.00	
65.00 06500 RESPIRATORY THERAPY	1,656,533	844,050	2,500,583	-125,395	2,375,188	65.00	
66.00 06600 PHYSICAL THERAPY	821,935	26,633	848,568	-14,347	834,221	66.00	
69.00 06900 ELECTROCARDIOLOGY	548,149	74,969	623,118	-23,070	600,048	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	51,671	61,729	113,400	-1,129	112,271	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,564,954	10,564,954	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,043,625	8,043,625	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	427,415	427,415	0	427,415	74.00	
76.00 03021 DIABETES	0	0	0	0	0	76.00	
76.01 03022 PARTIAL HOSPITALIZATION	125,401	6,768	132,169	0	132,169	76.01	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00 09100 EMERGENCY	3,421,669	1,193,288	4,614,957	-703,889	3,911,068	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE		2,849,943	2,849,943	-2,560,465	289,478	113.00	
118.00				60,537	154,083,144	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00 07950 SIRTH	248,527	65,503	314,030	-60,327	253,703	194.00	
194.01 07951 OTHER NONREIMBURSABLE COST CENTERS	111,528	732,817	844,345	-210	844,135	194.01	
200.00	58,043,827	97,137,155	155,180,982	0	155,180,982	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150009

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

Worksheet A  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-347,709	5,937,180	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-70,504	6,896,485	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-13,818	14,656,845	4.00
5.01	00510	NONPATIENT TELEPHONES	0	574,618	5.01
5.02	00511	PURCHASING, RECEIVING AND STORES	-242,047	679,388	5.02
5.03	00512	ADMITTING	0	1,392,804	5.03
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE	0	1,821,766	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-3,692,700	17,361,939	5.05
7.00	00700	OPERATION OF PLANT	-205,271	6,579,467	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	955,716	8.00
9.00	00900	HOUSEKEEPING	-1,532	1,910,396	9.00
10.00	01000	DIETARY	-936,722	2,297,269	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	450,121	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	593,758	14.00
15.00	01500	PHARMACY	0	9,883,340	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-105,151	2,063,280	16.00
17.00	01700	SOCIAL SERVICE	0	2,188,936	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	137,331	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-6,245	12,363,311	30.00
31.00	03100	INTENSIVE CARE UNIT	-14,281	4,447,326	31.00
40.00	04000	SUBPROVIDER - I PF	-56,970	812,804	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	781,750	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-22,575	7,313,588	50.00
51.00	05100	RECOVERY ROOM	0	721,379	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-44,000	1,613,983	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	106	5,542,069	54.00
59.00	05900	CARDIAC CATHETERIZATION	-75	4,180,663	59.00
60.00	06000	LABORATORY	-75,497	6,037,395	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	90,610	63.00
64.00	06400	INTRAVENOUS THERAPY	0	672,199	64.00
65.00	06500	RESPIRATORY THERAPY	32	2,375,220	65.00
66.00	06600	PHYSICAL THERAPY	0	834,221	66.00
69.00	06900	ELECTROCARDIOLOGY	-7,200	592,848	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	112,271	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-5,045	10,559,909	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,043,625	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,017	46,017	73.00
74.00	07400	RENAL DIALYSIS	0	427,415	74.00
76.00	03021	DIABETES	0	0	76.00
76.01	03022	PARTIAL HOSPITALIZATION	0	132,169	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-15,221	3,895,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	-289,478	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-6,105,886	147,977,258	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	SIRH	0	253,703	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	844,135	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-6,105,886	149,075,096	200.00

RECLASSIFICATIONS

Provider CCN: 150009

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

Worksheet A-6

Date/Time Prepared:  
5/29/2014 9:02 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
<b>A - INTERNS AND RESIDENTS RECLASS</b>					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	137,331	1.00
	COSTS APPRVD				
	TOTALS		0	137,331	
<b>B - INTEREST EXPENSE RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,380,853	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	42,843	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	136,769	3.00
	TOTALS		0	2,560,465	
<b>C - DEPRECIATION RECLASS</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,924,146	1.00
	TOTALS		0	6,924,146	
<b>D - INSURANCE RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	103,944	1.00
	TOTALS		0	103,944	
<b>E - UTILITIES EXPENSE RECLASS</b>					
1.00	NONPATIENT TELEPHONES	5.01	0	23,402	1.00
2.00	OPERATION OF PLANT	7.00	0	89,473	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	112,875	
<b>F - CHARGEABLE SUPPLIES RECLASS</b>					
1.00	PURCHASING, RECEIVING AND STORES	5.02	0	43,856	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	18,608,579	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
	TOTALS		0	18,652,435	
<b>G - NEW DIRECTIONS ADMIN RECLASS</b>					
1.00	ADULTS & PEDIATRICS	30.00	141,238	24,878	1.00
	TOTALS		141,238	24,878	
<b>H - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,043,625	1.00
	TOTALS		0	8,043,625	
500.00	Grand Total: Increases		141,238	36,559,699	500.00

RECLASSIFICATIONS

Provider CCN: 150009

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

Worksheet A-6  
Date/Time Prepared:  
5/29/2014 9:02 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>A - INTERNS AND RESIDENTS RECLASS</b>						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	137,331	0	1.00
	TOTALS		0	137,331		
<b>B - INTEREST EXPENSE RECLASS</b>						
1.00	INTEREST EXPENSE	113.00	0	2,560,465	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	2,560,465		
<b>C - DEPRECIATION RECLASS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,924,146	9	1.00
	TOTALS		0	6,924,146		
<b>D - INSURANCE RECLASS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	103,944	9	1.00
	TOTALS		0	103,944		
<b>E - UTILITIES EXPENSE RECLASS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,723	0	1.00
2.00	OPERATING ROOM	50.00	0	1,040	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	65,157	0	3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	290	0	4.00
5.00	NONPATIENT TELEPHONES	5.01	0	44,665	0	5.00
	TOTALS		0	112,875		
<b>F - CHARGEABLE SUPPLIES RECLASS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34,031	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	111	0	2.00
3.00	ADMINISTRATIVE	5.03	0	165	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,357	0	4.00
5.00	OPERATION OF PLANT	7.00	0	50	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	8	0	6.00
7.00	HOUSEKEEPING	9.00	0	6,515	0	7.00
8.00	DIETARY	10.00	0	14,399	0	8.00
9.00	NURSING ADMINISTRATION	13.00	0	106	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,004	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	2	0	12.00
13.00	SOCIAL SERVICE	17.00	0	1	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	676,682	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	0	554,200	0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	13,874	0	16.00
17.00	NURSERY	43.00	0	82,033	0	17.00
19.00	OPERATING ROOM	50.00	0	11,401,053	0	19.00
20.00	RECOVERY ROOM	51.00	0	507,836	0	20.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,705,993	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	1,659,918	0	23.00
24.00	LABORATORY	60.00	0	24,434	0	24.00
25.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,018,296	0	25.00
26.00	RESPIRATORY THERAPY	65.00	0	125,395	0	26.00
27.00	PHYSICAL THERAPY	66.00	0	14,347	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	0	23,070	0	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,129	0	29.00
30.00	EMERGENCY	91.00	0	703,889	0	30.00
31.00	SI RH	194.00	0	60,327	0	31.00
32.00	OTHER NONREIMBURSABLE COST CENTERS	194.01	0	210	0	32.00
	TOTALS		0	18,652,435		
<b>G - NEW DIRECTIONS ADMIN RECLASS</b>						
1.00	SUBPROVIDER - IPF	40.00	141,238	24,878	0	1.00
	TOTALS		141,238	24,878		
<b>H - IMPLANTABLE DEVICES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,043,625	0	1.00
	TOTALS		0	8,043,625		
500.00	Grand Total: Decreases		141,238	36,559,699		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150009

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/29/2014 9:02 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	6,365,624	0	0	0	294,070
2.00	Land Improvements	1,545,186	0	0	0	1,974
3.00	Buildings and Fixtures	86,529,116	4,343,582	0	4,343,582	0
4.00	Building Improvements	4,134,642	0	0	0	3,624,186
5.00	Fixed Equipment	21,215,295	631,275	0	631,275	0
6.00	Movable Equipment	103,453,531	6,802,181	0	6,802,181	0
7.00	HIT designated Assets	0	0	0	0	0
8.00	Subtotal (sum of lines 1-7)	223,243,394	11,777,038	0	11,777,038	3,920,230
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	223,243,394	11,777,038	0	11,777,038	3,920,230
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	6,071,554	0			1.00
2.00	Land Improvements	1,543,212	0			2.00
3.00	Buildings and Fixtures	90,872,698	0			3.00
4.00	Building Improvements	510,456	0			4.00
5.00	Fixed Equipment	21,846,570	0			5.00
6.00	Movable Equipment	110,255,712	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	231,100,202	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	231,100,202	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150009

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/29/2014 9:02 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	10,711,403	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,711,403	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	12,835	10,724,238				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	12,835	10,724,238				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150009

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/29/2014 9:02 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	120,844,490	0	120,844,490	0.522909	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	110,255,712	0	110,255,712	0.477091	0	2.00
3.00	Total (sum of lines 1-2)	231,100,202	0	231,100,202	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	5,924,345	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,896,485	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,820,830	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	12,835	5,937,180	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,896,485	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,835	12,833,665	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150009

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

Worksheet A-8

Date/Time Prepared:  
5/29/2014 9:02 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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0	0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-70,785	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-7,104	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	7.00
8.00 Television and radio service (chapter 21)	A	-3,706	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-260,876	0		0.00	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	59,110	0			0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-903,020	0	DIETARY	10.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-82,369	0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines	B	-33,702	0	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0	0	*** Cost Center Deleted ***	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	0	32.00

Provider CCN: 150009

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

Worksheet A-8

Date/Time Prepared:  
 5/29/2014 9:02 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	
33.00 AHA DUES - LOBBYING PORTION	A	-8,381	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.00
34.00 NONALLOWABLE DEPRECIATION - BUILDING	A	-334,874	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 34.00
35.00 NONALLOWABLE DEPRECIATION - EQUIP	A	-59,694	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 35.00
36.00 UTILITIES	A	-205,115	OPERATION OF PLANT	7.00	0 36.00
37.00 TAXI EXPENSE	A	-4,340	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 37.00
38.00 PENSION VALUATION	A	-1,499,405	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 38.00
39.00 ADVERTISING - PERSONNEL	A	-13,818	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.00
40.00 ADVERTISING - A & G	A	-1,044,200	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 40.00
41.00 ADVERTISING - A&P	A	-6,245	ADULTS & PEDIATRICS	30.00	0 41.00
42.00 ADVERTISING - PSYCH	A	-4,090	SUBPROVIDER - IPF	40.00	0 42.00
43.00 ADVERTISING - HOUSEKEEPING	A	-1,532	HOUSEKEEPING	9.00	0 43.00
44.00 GOODWILL AMORTIZATION	A	-12,835	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 44.00
45.00 PHYSICIAN RECRUITMENT	A	-145,969	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 45.00
46.00 DONATIONS	A	-199,024	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 46.00
47.00 INTEREST INCOME	B	-289,478	INTEREST EXPENSE	113.00	0 47.00
48.00 RENTAL INCOME	B	-34,144	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 48.00
49.00 MISCELLANEOUS INCOME - A & G	B	-698,243	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 49.00
49.01 REBATES - MATERIAL MGMT	B	-242,047	PURCHASING, RECEIVING AND STORES	5.02	0 49.01
49.02		0		0.00	0 49.02
49.03		0		0.00	0 49.03
49.04		0		0.00	0 49.04
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,105,886			50.00

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

Provider CCN: 150009

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

Worksheet A-8-1

Date/Time Prepared:  
5/29/2014 9:02 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	60.00	LABORATORY	LAB ADMINISTRATION	215,078	208,854 1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	RADIO DIAGNOSTICS	1,404	1,298 2.00
3.00	73.00	DRUGS CHARGED TO PATIENTS	IV THERAPY/PHARMACY	146,857	100,840 3.00
4.00	91.00	EMERGENCY	EMERGENCY ROOM	201	216 4.00
4.01	71.00	MEDICAL SUPPLIES CHARGED TO	SUPPLY AND DISTRIBUTION	143,970	149,015 4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	HEALTH INFORMATION MANAGEMEN	29,538	29,538 4.02
4.03	65.00	RESPIRATORY THERAPY	RESPIRATORY THERAPY	303,507	303,475 4.03
4.04	5.05	OTHER ADMINISTRATIVE AND GEN	A&G	11,791	0 4.04
4.05	0.00			0	0 4.05
4.06	0.00			0	0 4.06
4.07	0.00			0	0 4.07
5.00	0			852,346	793,236 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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	C		0.00	SI RH	33.33	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: 150009

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

Worksheet A-8-1

Date/Time Prepared:  
5/29/2014 9:02 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	6,224	0		1.00
2.00	106	0		2.00
3.00	46,017	0		3.00
4.00	-15	0		4.00
4.01	-5,045	0		4.01
4.02	0	0		4.02
4.03	32	0		4.03
4.04	11,791	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
5.00	59,110			5.00

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

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

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

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

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

6.00	REHAB FACILITY		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: 150009

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2014 9:02 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	0.00		0	0	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	22,782	22,782	0	177,200	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	14,281	14,281	0	177,200	0	3.00
4.00	40.00	SUBPROVIDER - IPF	52,880	52,880	0	154,100	0	4.00
5.00	50.00	OPERATING ROOM	22,575	22,575	0	208,000	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	44,000	44,000	0	196,400	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	60.00	LABORATORY	81,721	81,721	0	215,700	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	15,206	15,206	0	177,200	0	10.00
11.00	7.00	OPERATION OF PLANT	156	156	0	177,200	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	75	75	0	165,600	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	7,200	7,200	0	225,300	0	13.00
200.00			260,876	260,876	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	0.00		0	0	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
11.00	7.00	OPERATION OF PLANT	0	0	0	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	13.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	0.00		0	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	0	0	22,782	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	14,281	3.00
4.00	40.00	SUBPROVIDER - IPF	0	0	0	52,880	4.00
5.00	50.00	OPERATING ROOM	0	0	0	22,575	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	44,000	6.00
7.00	0.00		0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	81,721	8.00
9.00	0.00		0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	15,206	10.00
11.00	7.00	OPERATION OF PLANT	0	0	0	156	11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	0	0	75	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	7,200	13.00
200.00			0	0	0	260,876	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150009

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

Worksheet B Part I Date/Time Prepared: 5/29/2014 9:02 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	5,937,180	5,937,180			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	6,896,485		6,896,485		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,656,845	0	0	14,656,845	4.00
5.01 00510	NONPATIENT TELEPHONES	574,618	0	0	67,418	642,036 5.01
5.02 00511	PURCHASING, RECEIVING AND STORES	679,388	30,918	35,914	159,176	9,460 5.02
5.03 00512	ADMITTING	1,392,804	228,133	264,994	310,865	8,830 5.03
5.04 00513	CASHIERING/ACCOUNTS RECEIVABLE	1,821,766	337,365	391,875	245,597	29,011 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	17,361,939	548,287	636,877	1,076,006	185,422 5.05
7.00 00700	OPERATION OF PLANT	6,579,467	912,909	1,060,413	286,439	17,659 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	955,716	0	0	33,365	1,261 8.00
9.00 00900	HOUSEKEEPING	1,910,396	0	0	403,001	0 9.00
10.00 01000	DIETARY	2,297,269	286,857	333,206	382,082	10,722 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	450,121	49,069	56,997	110,726	3,153 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	593,758	95,009	110,360	98,498	5,045 14.00
15.00 01500	PHARMACY	9,883,340	58,582	68,048	632,881	8,830 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,063,280	0	0	386,844	29,011 16.00
17.00 01700	SOCIAL SERVICE	2,188,936	0	0	451,668	10,722 17.00
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	137,331	0	0	0	0 22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	12,363,311	1,191,834	1,384,405	3,019,115	51,716 30.00
31.00 03100	INTENSIVE CARE UNIT	4,447,326	115,334	133,969	1,074,547	17,028 31.00
40.00 04000	SUBPROVIDER - I/PF	812,804	255,735	297,055	196,014	6,307 40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	781,750	0	0	194,750	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	7,313,588	438,758	509,651	1,094,384	44,148 50.00
51.00 05100	RECOVERY ROOM	721,379	0	0	245,164	8,830 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,613,983	238,977	277,590	317,260	8,830 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,542,069	435,597	505,979	1,038,330	31,534 54.00
59.00 05900	CARDIAC CATHETERIZATION	4,180,663	100,141	116,321	276,473	13,244 59.00
60.00 06000	LABORATORY	6,037,395	179,127	208,070	721,897	22,705 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	90,610	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	672,199	0	0	59,610	1,892 64.00
65.00 06500	RESPIRATORY THERAPY	2,375,220	0	0	420,864	0 65.00
66.00 06600	PHYSICAL THERAPY	834,221	0	0	208,823	4,415 66.00
69.00 06900	ELECTROCARDIOLOGY	592,848	59,333	68,920	139,264	7,568 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	112,271	9,639	11,196	13,128	3,153 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,559,909	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	8,043,625	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	46,017	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	427,415	0	0	0	0 74.00
76.00 03021	DIABETES	0	0	0	0	0 76.00
76.01 03022	PARTIAL HOSPITALIZATION	132,169	0	0	31,860	0 76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	3,895,847	317,321	368,593	869,319	32,165 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	147,977,258	5,888,925	6,840,433	14,565,368	572,661 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,768	14,831	0	2,523 190.00
194.00 07950	SIRH	253,703	0	0	63,142	0 194.00
194.01 07951	OTHER NONREIMBURSABLE COST CENTERS	844,135	35,487	41,221	28,335	66,852 194.01
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	149,075,096	5,937,180	6,896,485	14,656,845	642,036 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150009		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/29/2014 9:02 am	
Cost Center Description		PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	PURCHASING, RECEIVING AND STORES	914,856				5.02
5.03	00512	ADMINISTRATIVE	9,044	2,214,670			5.03
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE	1	0	2,825,615		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	2,854	0	0	19,811,385	5.05
7.00	00700	OPERATION OF PLANT	151	0	0	8,857,038	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,126	0	0	996,468	8.00
9.00	00900	HOUSEKEEPING	31,379	0	0	2,344,776	9.00
10.00	01000	DIETARY	9,274	0	0	3,319,410	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	12	0	0	670,078	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	902,670	14.00
15.00	01500	PHARMACY	35,422	0	0	10,687,103	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	255	0	0	2,479,390	16.00
17.00	01700	SOCIAL SERVICE	1	0	0	2,651,327	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	137,331	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	59,795	129,968	165,814	18,365,958	30.00
31.00	03100	INTENSIVE CARE UNIT	36,356	47,089	60,076	5,931,725	31.00
40.00	04000	SUBPROVIDER - I/PF	3,041	7,938	10,127	1,589,021	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	2,581	6,437	8,213	993,731	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	57,572	178,909	228,253	9,865,263	50.00
51.00	05100	RECOVERY ROOM	4,332	30,715	39,187	1,049,607	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,206	13,781	17,582	2,511,209	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,167	449,061	573,038	8,592,775	54.00
59.00	05900	CARDIAC CATHETERIZATION	2,066	124,895	159,342	4,973,145	59.00
60.00	06000	LABORATORY	531,179	239,785	305,920	8,246,078	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	29,528	95,603	121,971	337,712	63.00
64.00	06400	INTRAVENOUS THERAPY	6,372	47,885	61,092	849,050	64.00
65.00	06500	RESPIRATORY THERAPY	1,854	79,586	101,537	2,979,061	65.00
66.00	06600	PHYSICAL THERAPY	280	16,651	21,243	1,085,633	66.00
69.00	06900	ELECTROCARDIOLOGY	2,606	55,266	70,509	996,314	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,242	10,024	12,788	173,441	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	281,207	358,766	11,199,882	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	106,529	135,911	8,286,065	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	179,503	229,011	454,531	73.00
74.00	07400	RENAL DIALYSIS	0	2,237	2,854	432,506	74.00
76.00	03021	DIABETES	0	0	0	0	76.00
76.01	03022	PARTIAL HOSPITALIZATION	83	3,152	4,021	171,285	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	39,315	108,449	138,360	5,769,369	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	913,094	2,214,670	2,825,615	147,710,337	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	30,122	190.00
194.00	07950	SIRH	1,655	0	0	318,500	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	107	0	0	1,016,137	194.01
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	914,856	2,214,670	2,825,615	149,075,096	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150009

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	PURCHASING, RECEIVING AND STORES					5.02
5.03	00512	ADMITTING					5.03
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
7.00	00700	OPERATION OF PLANT	10,214,494				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,149,190			8.00
9.00	00900	HOUSEKEEPING	0	0	2,704,143		9.00
10.00	01000	DIETARY	755,264	0	6,652	4,590,069	10.00
11.00	01100	CAFETERIA	0	0	0	3,009,880	11.00
13.00	01300	NURSING ADMINISTRATION	129,194	0	0	0	19,040
14.00	01400	CENTRAL SERVICES & SUPPLY	250,148	0	26,609	0	0
15.00	01500	PHARMACY	154,241	0	9,313	0	147,517
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,987	0	127,775
17.00	01700	SOCIAL SERVICE	0	0	665	0	92,813
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,137,969	701,007	1,378,349	1,272,129	905,214
31.00	03100	INTENSIVE CARE UNIT	303,663	80,443	425,745	141,632	296,015
40.00	04000	SUBPROVIDER - I PF	673,323	0	153,002	135,780	57,503
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	11,492	665	0	39,263
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,155,204	103,427	113,754	0	249,718
51.00	05100	RECOVERY ROOM	0	0	0	3,397	55,582
52.00	05200	DELIVERY ROOM & LABOR ROOM	629,201	34,476	153,002	2,150	77,244
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,146,882	68,951	77,831	0	246,882
59.00	05900	CARDIAC CATHETERIZATION	263,660	11,492	33,261	0	53,051
60.00	06000	LABORATORY	471,623	0	53,218	0	189,774
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	665	0	10,801
65.00	06500	RESPIRATORY THERAPY	0	0	665	0	102,501
66.00	06600	PHYSICAL THERAPY	0	0	1,996	0	35,561
69.00	06900	ELECTROCARDIOLOGY	156,219	0	5,987	0	34,805
70.00	07000	ELECTROENCEPHALOGRAPHY	25,377	0	1,330	0	2,874
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03021	DIABETES	0	0	0	0	0
76.01	03022	PARTIAL HOSPITALIZATION	0	0	1,996	0	10,125
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	835,474	68,951	253,451	25,101	233,295
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,087,442	1,080,239	2,704,143	4,590,069	2,987,353
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,617	0	0	0	0
194.00	07950	SIRH	0	0	0	0	15,216
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	93,435	68,951	0	0	7,311
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	10,214,494	1,149,190	2,704,143	4,590,069	3,009,880

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150009

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
		13.00	14.00	15.00	16.00	16A	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	921,010					13.00
14.00	01400	0	1,317,773				14.00
15.00	01500	0	0	12,636,111			15.00
16.00	01600	0	0	0	2,993,151		16.00
17.00	01700	0	0	0	0	3,151,155	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	158,379	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	421,560	0	0	1,132,082	30,129,131	30.00
31.00	03100	137,854	0	0	2,320	8,228,511	31.00
40.00	04000	26,779	0	0	71,928	2,950,874	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	18,285	0	0	0	1,215,738	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	116,294	0	0	344,244	13,459,884	50.00
51.00	05100	25,884	0	0	0	1,295,336	51.00
52.00	05200	35,973	0	0	14,133	3,842,263	52.00
54.00	05400	0	0	0	90,069	11,540,344	54.00
59.00	05900	24,706	0	0	0	6,121,514	59.00
60.00	06000	0	0	0	54,843	10,279,355	60.00
63.00	06300	0	0	0	0	389,471	63.00
64.00	06400	5,030	0	0	1,266	996,940	64.00
65.00	06500	0	0	0	0	3,538,807	65.00
66.00	06600	0	0	0	0	1,289,577	66.00
69.00	06900	0	0	0	46,616	1,392,639	69.00
70.00	07000	0	0	0	0	229,604	70.00
71.00	07100	0	751,131	0	0	13,667,541	71.00
72.00	07200	0	566,642	0	0	10,122,654	72.00
73.00	07300	0	0	12,636,111	0	13,160,305	73.00
74.00	07400	0	0	0	0	498,793	74.00
76.00	03021	0	0	0	0	0	76.00
76.01	03022	0	0	0	0	209,658	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	108,645	0	0	1,235,650	9,414,167	91.00
92.00	09200					0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		921,010	1,317,773	12,636,111	2,993,151	147,282,640	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	68,356	190.00
194.00	07950	0	0	0	0	382,530	194.00
194.01	07951	0	0	0	0	1,341,570	194.01
200.00						0	200.00
201.00		0	0	0	0	0	201.00
202.00		921,010	1,317,773	12,636,111	2,993,151	149,075,096	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150009

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
		17.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00510	NONPATIENT TELEPHONES				5.01
5.02 00511	PURCHASING, RECEIVING AND STORES				5.02
5.03 00512	ADMITTING				5.03
5.04 00513	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL				5.05
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE	3,151,155			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,420	0	161,799	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	650,564	0	161,799	30.00
31.00 03100	INTENSIVE CARE UNIT	177,695	0	0	31.00
40.00 04000	SUBPROVIDER - I PF	63,724	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	26,254	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	290,666	0	0	50.00
51.00 05100	RECOVERY ROOM	27,973	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	82,974	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	249,214	0	0	54.00
59.00 05900	CARDIAC CATHETERIZATION	132,194	0	0	59.00
60.00 06000	LABORATORY	221,983	0	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	8,411	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	21,529	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	76,421	0	0	65.00
66.00 06600	PHYSICAL THERAPY	27,848	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	30,074	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	4,958	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	295,151	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	218,599	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	284,197	0	0	73.00
74.00 07400	RENAL DIALYSIS	10,771	0	0	74.00
76.00 03021	DIABETES	0	0	0	76.00
76.01 03022	PARTIAL HOSPITALIZATION	4,528	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100	EMERGENCY	203,299	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,112,447	0	161,799	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,476	0	0	190.00
194.00 07950	SIRH	8,261	0	0	194.00
194.01 07951	OTHER NONREIMBURSABLE COST CENTERS	28,971	0	0	194.01
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,151,155	0	161,799	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150009

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510 NONPATIENT TELEPHONES		5.01
5.02	00511 PURCHASING, RECEIVING AND STORES		5.02
5.03	00512 ADMITTING		5.03
5.04	00513 CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00560 OTHER ADMINISTRATIVE AND GENERAL		5.05
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	30,779,695	30.00
31.00	03100 INTENSIVE CARE UNIT	8,406,206	31.00
40.00	04000 SUBPROVIDER - I PF	3,014,598	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,241,992	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	13,750,550	50.00
51.00	05100 RECOVERY ROOM	1,323,309	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,925,237	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,789,558	54.00
59.00	05900 CARDIAC CATHETERIZATION	6,253,708	59.00
60.00	06000 LABORATORY	10,501,338	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	397,882	63.00
64.00	06400 INTRAVENOUS THERAPY	1,018,469	64.00
65.00	06500 RESPIRATORY THERAPY	3,615,228	65.00
66.00	06600 PHYSICAL THERAPY	1,317,425	66.00
69.00	06900 ELECTROCARDIOLOGY	1,422,713	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	234,562	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,962,692	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	10,341,253	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,444,502	73.00
74.00	07400 RENAL DIALYSIS	509,564	74.00
76.00	03021 DIABETES	0	76.00
76.01	03022 PARTIAL HOSPITALIZATION	214,186	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100 EMERGENCY	9,617,466	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	147,082,133	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	69,832	190.00
194.00	07950 SIRH	390,791	194.00
194.01	07951 OTHER NONREIMBURSABLE COST CENTERS	1,370,541	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	148,913,297	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150009

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01 00510	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02 00511	PURCHASING, RECEIVING AND STORES	0	30,918	35,914	66,832	5.02
5.03 00512	ADMITTING	0	228,133	264,994	493,127	5.03
5.04 00513	CASHIERING/ACCOUNTS RECEIVABLE	0	337,365	391,875	729,240	5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	0	548,287	636,877	1,185,164	5.05
7.00 00700	OPERATION OF PLANT	0	912,909	1,060,413	1,973,322	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	0	0	0	9.00
10.00 01000	DIETARY	0	286,857	333,206	620,063	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	49,069	56,997	106,066	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	95,009	110,360	205,369	14.00
15.00 01500	PHARMACY	0	58,582	68,048	126,630	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,191,834	1,384,405	2,576,239	30.00
31.00 03100	INTENSIVE CARE UNIT	0	115,334	133,969	249,303	31.00
40.00 04000	SUBPROVIDER - I PF	0	255,735	297,055	552,790	40.00
41.00 04100	SUBPROVIDER - I RF	0	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	438,758	509,651	948,409	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	238,977	277,590	516,567	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	435,597	505,979	941,576	54.00
59.00 05900	CARDIAC CATHETERIZATION	0	100,141	116,321	216,462	59.00
60.00 06000	LABORATORY	0	179,127	208,070	387,197	60.00
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
69.00 06900	ELECTROCARDIOLOGY	0	59,333	68,920	128,253	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	9,639	11,196	20,835	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
76.00 03021	DIABETES	0	0	0	0	76.00
76.01 03022	PARTIAL HOSPITALIZATION	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	0	317,321	368,593	685,914	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,888,925	6,840,433	12,729,358	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,768	14,831	27,599	190.00
194.00 07950	SIRH	0	0	0	0	194.00
194.01 07951	OTHER NONREIMBURSABLE COST CENTERS	0	35,487	41,221	76,708	194.01
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	5,937,180	6,896,485	12,833,665	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150009		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 9:02 am	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES	0					5.01
5.02	00511	PURCHASING, RECEIVING AND STORES	0	66,832				5.02
5.03	00512	ADMINITTING	0	661	493,788			5.03
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	729,240		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	208	0	0	1,185,372	5.05
7.00	00700	OPERATION OF PLANT	0	11	0	0	81,219	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	447	0	0	9,138	8.00
9.00	00900	HOUSEKEEPING	0	2,292	0	0	21,502	9.00
10.00	01000	DIETARY	0	677	0	0	30,439	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1	0	0	6,145	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	8,277	14.00
15.00	01500	PHARMACY	0	2,588	0	0	98,001	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19	0	0	22,736	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	24,313	17.00
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	1,259	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	4,368	28,967	42,804	168,438	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,656	10,495	15,508	54,394	31.00
40.00	04000	SUBPROVIDER - I/PF	0	222	1,769	2,614	14,571	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	189	1,435	2,120	9,113	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	4,206	39,874	58,923	90,464	50.00
51.00	05100	RECOVERY ROOM	0	316	6,846	10,116	9,625	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,695	3,071	4,539	23,028	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,254	100,278	147,747	78,796	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	151	27,836	41,133	45,604	59.00
60.00	06000	LABORATORY	0	38,806	53,442	78,972	75,617	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,157	21,308	31,486	3,097	63.00
64.00	06400	INTRAVENOUS THERAPY	0	465	10,672	15,771	7,786	64.00
65.00	06500	RESPIRATORY THERAPY	0	135	17,738	26,211	27,318	65.00
66.00	06600	PHYSICAL THERAPY	0	20	3,711	5,484	9,955	66.00
69.00	06900	ELECTROCARDIOLOGY	0	190	12,317	18,202	9,136	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	91	2,234	3,301	1,590	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	62,674	92,614	102,703	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	23,743	35,085	75,983	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	40,007	59,118	4,168	73.00
74.00	07400	RENAL DIALYSIS	0	0	498	737	3,966	74.00
76.00	03021	DIABETES	0	0	0	0	0	76.00
76.01	03022	PARTIAL HOSPITALIZATION	0	6	702	1,038	1,571	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	2,872	24,171	35,717	52,905	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	66,703	493,788	729,240	1,172,857	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	276	190.00
194.00	07950	SIRH	0	121	0	0	2,921	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	8	0	0	9,318	194.01
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)	0	66,832	493,788	729,240	1,185,372	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 9:02 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00511	PURCHASING, RECEIVING AND STORES					5.02	
5.03	00512	ADMITTING					5.03	
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05	
7.00	00700	OPERATION OF PLANT	2,054,552				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,585			8.00	
9.00	00900	HOUSEKEEPING	0	0	23,794		9.00	
10.00	01000	DIETARY	151,914	0	59	803,152	10.00	
11.00	01100	CAFETERIA	0	0	0	526,658	11.00	
13.00	01300	NURSING ADMINISTRATION	25,986	0	0	0	3,332	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	50,315	0	234	0	0	14.00
15.00	01500	PHARMACY	31,024	0	82	0	25,812	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	53	0	22,358	16.00
17.00	01700	SOCIAL SERVICE	0	0	6	0	16,240	17.00
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	631,173	5,846	12,126	222,592	158,390	30.00
31.00	03100	INTENSIVE CARE UNIT	61,079	671	3,746	24,782	51,796	31.00
40.00	04000	SUBPROVIDER - IPF	135,433	0	1,346	23,758	10,062	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	96	6	0	6,870	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	232,359	863	1,001	0	43,695	50.00
51.00	05100	RECOVERY ROOM	0	0	0	594	9,725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	126,558	288	1,346	376	13,516	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	230,685	575	685	0	43,199	54.00
59.00	05900	CARDIAC CATHETERIZATION	53,033	96	293	0	9,283	59.00
60.00	06000	LABORATORY	94,863	0	468	0	33,206	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	6	0	1,890	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	6	0	17,935	65.00
66.00	06600	PHYSICAL THERAPY	0	0	18	0	6,222	66.00
69.00	06900	ELECTROCARDIOLOGY	31,422	0	53	0	6,090	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,104	0	12	0	503	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
76.00	03021	DIABETES	0	0	0	0	0	76.00
76.01	03022	PARTIAL HOSPITALIZATION	0	0	18	0	1,772	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	168,048	575	2,230	4,392	40,821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,028,996	9,010	23,794	803,152	522,717	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,762	0	0	0	0	190.00
194.00	07950	SIRH	0	0	0	0	2,662	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	18,794	575	0	0	1,279	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,054,552	9,585	23,794	803,152	526,658	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150009

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	141,530					13.00
14.00	01400	0	264,195				14.00
15.00	01500	0	0	284,137			15.00
16.00	01600	0	0	0	45,166		16.00
17.00	01700	0	0	0	0	40,559	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	44	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	64,779	0	0	17,083	8,367	30.00
31.00	03100	21,184	0	0	35	2,288	31.00
40.00	04000	4,115	0	0	1,085	820	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,810	0	0	0	338	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	17,871	0	0	5,195	3,742	50.00
51.00	05100	3,978	0	0	0	360	51.00
52.00	05200	5,528	0	0	213	1,068	52.00
54.00	05400	0	0	0	1,359	3,208	54.00
59.00	05900	3,797	0	0	0	1,702	59.00
60.00	06000	0	0	0	828	2,858	60.00
63.00	06300	0	0	0	0	108	63.00
64.00	06400	773	0	0	19	277	64.00
65.00	06500	0	0	0	0	984	65.00
66.00	06600	0	0	0	0	359	66.00
69.00	06900	0	0	0	703	387	69.00
70.00	07000	0	0	0	0	64	70.00
71.00	07100	0	150,591	0	0	3,800	71.00
72.00	07200	0	113,604	0	0	2,814	72.00
73.00	07300	0	0	284,137	0	3,659	73.00
74.00	07400	0	0	0	0	139	74.00
76.00	03021	0	0	0	0	0	76.00
76.01	03022	0	0	0	0	58	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	16,695	0	0	18,646	2,617	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		141,530	264,195	284,137	45,166	40,061	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	19	190.00
194.00	07950	0	0	0	0	106	194.00
194.01	07951	0	0	0	0	373	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		141,530	264,195	284,137	45,166	40,559	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150009

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	21.00	22.00			
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00510	NONPATIENT TELEPHONES				5.01
5.02 00511	PURCHASING, RECEIVING AND STORES				5.02
5.03 00512	ADMITTING				5.03
5.04 00513	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL				5.05
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,303		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS		3,941,172	0	3,941,172
31.00 03100	INTENSIVE CARE UNIT		497,937	0	497,937
40.00 04000	SUBPROVIDER - I PF		748,585	0	748,585
41.00 04100	SUBPROVIDER - I RF		0	0	0
42.00 04200	SUBPROVIDER		0	0	0
43.00 04300	NURSERY		22,977	0	22,977
44.00 04400	SKILLED NURSING FACILITY		0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM		1,446,602	0	1,446,602
51.00 05100	RECOVERY ROOM		41,560	0	41,560
52.00 05200	DELIVERY ROOM & LABOR ROOM		697,793	0	697,793
54.00 05400	RADIOLOGY-DIAGNOSTIC		1,549,362	0	1,549,362
59.00 05900	CARDIAC CATHETERIZATION		399,390	0	399,390
60.00 06000	LABORATORY		766,257	0	766,257
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		58,156	0	58,156
64.00 06400	INTRAVENOUS THERAPY		37,659	0	37,659
65.00 06500	RESPIRATORY THERAPY		90,327	0	90,327
66.00 06600	PHYSICAL THERAPY		25,769	0	25,769
69.00 06900	ELECTROCARDIOLOGY		206,753	0	206,753
70.00 07000	ELECTROENCEPHALOGRAPHY		33,734	0	33,734
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		412,382	0	412,382
72.00 07200	IMPL. DEV. CHARGED TO PATIENT		251,229	0	251,229
73.00 07300	DRUGS CHARGED TO PATIENTS		391,089	0	391,089
74.00 07400	RENAL DIALYSIS		5,340	0	5,340
76.00 03021	DIABETES		0	0	0
76.01 03022	PARTIAL HOSPITALIZATION		5,165	0	5,165
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100	EMERGENCY		1,055,603	0	1,055,603
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	12,684,841	0
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		34,656	0	34,656
194.00 07950	SIRH		5,810	0	5,810
194.01 07951	OTHER NONREIMBURSABLE COST CENTERS		107,055	0	107,055
200.00	Cross Foot Adjustments	0	1,303	0	1,303
201.00	Negative Cost Centers	0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	1,303	12,833,665	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150009

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	PURCHASING, RECEIVING AND STORES (SUPPLIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	379,445				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		379,445			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	57,689,832		4.00
5.01 00510	NONPATIENT TELEPHONES	0	0	265,358	1,018	5.01
5.02 00511	PURCHASING, RECEIVING AND STORES	1,976	1,976	626,523	15	2,772,031 5.02
5.03 00512	ADMITTING	14,580	14,580	1,223,573	14	27,405 5.03
5.04 00513	CASHIERING/ACCOUNTS RECEIVABLE	21,561	21,561	966,676	46	4 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	35,041	35,041	4,235,195	294	8,647 5.05
7.00 00700	OPERATION OF PLANT	58,344	58,344	1,127,434	28	457 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	131,326	2	18,561 8.00
9.00 00900	HOUSEKEEPING	0	0	1,586,225	0	95,078 9.00
10.00 01000	DIETARY	18,333	18,333	1,503,887	17	28,099 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	3,136	3,136	435,820	5	37 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,072	6,072	387,690	8	0 14.00
15.00 01500	PHARMACY	3,744	3,744	2,491,038	14	107,330 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	1,522,632	46	772 16.00
17.00 01700	SOCIAL SERVICE	0	0	1,777,779	17	2 17.00
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	76,170	76,170	11,883,367	82	181,181 30.00
31.00 03100	INTENSIVE CARE UNIT	7,371	7,371	4,229,450	27	110,160 31.00
40.00 04000	SUBPROVIDER - I PF	16,344	16,344	771,516	10	9,215 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	766,541	0	7,819 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	28,041	28,041	4,307,530	70	174,443 50.00
51.00 05100	RECOVERY ROOM	0	0	964,972	14	13,126 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	15,273	15,273	1,248,744	14	70,316 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	27,839	27,839	4,086,898	50	52,016 54.00
59.00 05900	CARDIAC CATHETERIZATION	6,400	6,400	1,088,208	21	6,260 59.00
60.00 06000	LABORATORY	11,448	11,448	2,841,411	36	1,609,487 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	89,469 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	234,626	3	19,308 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	1,656,533	0	5,618 65.00
66.00 06600	PHYSICAL THERAPY	0	0	821,935	7	847 66.00
69.00 06900	ELECTROCARDIOLOGY	3,792	3,792	548,149	12	7,897 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	616	616	51,671	5	3,764 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
76.00 03021	DIABETES	0	0	0	0	0 76.00
76.01 03022	PARTIAL HOSPITALIZATION	0	0	125,401	0	251 76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	20,280	20,280	3,421,669	51	119,124 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	376,361	376,361	57,329,777	908	2,766,693 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	816	816	0	4	0 190.00
194.00 07950	SIRH	0	0	248,527	0	5,014 194.00
194.01 07951	OTHER NONREIMBURSABLE COST CENTERS	2,268	2,268	111,528	106	324 194.01
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	5,937,180	6,896,485	14,656,845	642,036	914,856 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.647011	18.175190	0.254063	630.683694	0.330031 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0	0	66,832 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	0.024109 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150009

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description			ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	PURCHASING, RECEIVING AND STORES						5.02
5.03	00512	ADMITTING	449,135,786					5.03
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE	0	449,135,786				5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	-19,811,385	129,263,711		5.05
7.00	00700	OPERATION OF PLANT	0	0	0	8,857,038	247,943	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	996,468	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	2,344,776	0	9.00
10.00	01000	DIETARY	0	0	0	3,319,410	18,333	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	670,078	3,136	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	902,670	6,072	14.00
15.00	01500	PHARMACY	0	0	0	10,687,103	3,744	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,479,390	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,651,327	0	17.00
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	137,331	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	26,357,363	26,357,363	0	18,365,958	76,170	30.00
31.00	03100	INTENSIVE CARE UNIT	9,549,483	9,549,483	0	5,931,725	7,371	31.00
40.00	04000	SUBPROVIDER - IPF	1,609,725	1,609,725	0	1,589,021	16,344	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,305,470	1,305,470	0	993,731	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	36,282,409	36,282,409	0	9,865,263	28,041	50.00
51.00	05100	RECOVERY ROOM	6,229,044	6,229,044	0	1,049,607	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,794,782	2,794,782	0	2,511,209	15,273	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,072,740	91,072,740	0	8,592,775	27,839	54.00
59.00	05900	CARDIAC CATHETERIZATION	25,328,497	25,328,497	0	4,973,145	6,400	59.00
60.00	06000	LABORATORY	48,628,142	48,628,142	0	8,246,078	11,448	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,388,231	19,388,231	0	337,712	0	63.00
64.00	06400	INTRAVENOUS THERAPY	9,711,028	9,711,028	0	849,050	0	64.00
65.00	06500	RESPIRATORY THERAPY	16,140,018	16,140,018	0	2,979,061	0	65.00
66.00	06600	PHYSICAL THERAPY	3,376,766	3,376,766	0	1,085,633	0	66.00
69.00	06900	ELECTROCARDIOLOGY	11,207,891	11,207,891	0	996,314	3,792	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,032,819	2,032,819	0	173,441	616	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	57,028,403	57,028,403	0	11,199,882	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,603,980	21,603,980	0	8,286,065	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,402,896	36,402,896	0	454,531	0	73.00
74.00	07400	RENAL DIALYSIS	453,592	453,592	0	432,506	0	74.00
76.00	03021	DIABETES	0	0	0	0	0	76.00
76.01	03022	PARTIAL HOSPITALIZATION	639,201	639,201	0	171,285	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	21,993,306	21,993,306	0	5,769,369	20,280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	449,135,786	449,135,786	-19,811,385	127,898,952	244,859	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	30,122	816	190.00
194.00	07950	SIRH	0	0	0	318,500	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,016,137	2,268	194.01
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)	2,214,670	2,825,615		19,811,385	10,214,494	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004931	0.006291		0.153263	41.196944	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	493,788	729,240		1,185,372	2,054,552	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001099	0.001624		0.009170	8.286388	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150009

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)		
		8.00	9.00	10.00	11.00	13.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00511	PURCHASING, RECEIVING AND STORES					5.02	
5.03	00512	ADMINISTRATIVE					5.03	
5.04	00513	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,221,069				8.00	
9.00	00900	HOUSEKEEPING	0	4,065			9.00	
10.00	01000	DIETARY	0	10	706,763		10.00	
11.00	01100	CAFETERIA	0	0	463,451	1,859,215	11.00	
13.00	01300	NURSING ADMINISTRATION	0	0	0	11,761	1,221,626	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	40	0	0	0	14.00
15.00	01500	PHARMACY	0	14	0	91,122	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9	0	78,927	0	16.00
17.00	01700	SOCIAL SERVICE	0	1	0	57,331	0	17.00
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	744,852	2,072	195,878	559,155	559,155	30.00
31.00	03100	INTENSIVE CARE UNIT	85,475	640	21,808	182,850	182,850	31.00
40.00	04000	SUBPROVIDER - IPF	0	230	20,907	35,520	35,520	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12,211	1	0	24,253	24,253	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	109,896	171	0	154,252	154,252	50.00
51.00	05100	RECOVERY ROOM	0	0	523	34,333	34,333	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,632	230	331	47,714	47,714	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73,264	117	0	152,500	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	12,211	50	0	32,770	32,770	59.00
60.00	06000	LABORATORY	0	80	0	117,224	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1	0	6,672	6,672	64.00
65.00	06500	RESPIRATORY THERAPY	0	1	0	63,315	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3	0	21,966	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	9	0	21,499	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2	0	1,775	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
76.00	03021	DIABETES	0	0	0	0	0	76.00
76.01	03022	PARTIAL HOSPITALIZATION	0	3	0	6,254	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	73,264	381	3,865	144,107	144,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,147,805	4,065	706,763	1,845,300	1,221,626	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SIRH	0	0	0	9,399	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	73,264	0	0	4,516	0	194.01
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)	1,149,190	2,704,143	4,590,069	3,009,880	921,010	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.941134	665.225830	6.494495	1.618898	0.753921	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,585	23,794	803,152	526,658	141,530	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.007850	5.853383	1.136381	0.283269	0.115854	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150009

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	Reconciliation	SOCIAL SERVICE (ACCUM. COST)	
		14.00	15.00	16.00	17A	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	100					14.00
15.00	01500	0	100				15.00
16.00	01600	0	0	14,190			16.00
17.00	01700	0	0	0	-3,151,155	145,923,941	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	158,379	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	0	5,367	0	30,129,131	30.00
31.00	03100	0	0	11	0	8,228,511	31.00
40.00	04000	0	0	341	0	2,950,874	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	1,215,738	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	1,632	0	13,459,884	50.00
51.00	05100	0	0	0	0	1,295,336	51.00
52.00	05200	0	0	67	0	3,842,263	52.00
54.00	05400	0	0	427	0	11,540,344	54.00
59.00	05900	0	0	0	0	6,121,514	59.00
60.00	06000	0	0	260	0	10,279,355	60.00
63.00	06300	0	0	0	0	389,471	63.00
64.00	06400	0	0	6	0	996,940	64.00
65.00	06500	0	0	0	0	3,538,807	65.00
66.00	06600	0	0	0	0	1,289,577	66.00
69.00	06900	0	0	221	0	1,392,639	69.00
70.00	07000	0	0	0	0	229,604	70.00
71.00	07100	57	0	0	0	13,667,541	71.00
72.00	07200	43	0	0	0	10,122,654	72.00
73.00	07300	0	100	0	0	13,160,305	73.00
74.00	07400	0	0	0	0	498,793	74.00
76.00	03021	0	0	0	0	0	76.00
76.01	03022	0	0	0	0	209,658	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	0	0	5,858	0	9,414,167	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		100	100	14,190	-3,151,155	144,131,485	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	68,356	190.00
194.00	07950	0	0	0	0	382,530	194.00
194.01	07951	0	0	0	0	1,341,570	194.01
200.00							200.00
201.00							201.00
202.00		1,317,773	12,636,111	2,993,151		3,151,155	202.00
203.00		13,177.730000	126,361.110000	210.933827		0.021595	203.00
204.00		264,195	284,137	45,166		40,559	204.00
205.00		2,641.950000	2,841.370000	3.182946		0.000278	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150009

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	21.00	22.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01 00510	NONPATIENT TELEPHONES			5.01
5.02 00511	PURCHASING, RECEIVING AND STORES			5.02
5.03 00512	ADMITTING			5.03
5.04 00513	CASHIERING/ACCOUNTS RECEIVABLE			5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL			5.05
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	100		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		100	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000	ADULTS & PEDIATRICS	100	100	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	31.00
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
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000	OPERATING ROOM	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
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
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
76.00 03021	DIABETES	0	0	76.00
76.01 03022	PARTIAL HOSPITALIZATION	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00 11300	INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00 07950	SIRH	0	0	194.00
194.01 07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
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	161,799	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	1,617.990000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,303	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	13.030000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 9:02 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		30,779,695	0	30,779,695	30.00
31.00	03100 INTENSIVE CARE UNIT		8,406,206	0	8,406,206	31.00
40.00	04000 SUBPROVIDER - IPF		3,014,598	0	3,014,598	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		1,241,992	0	1,241,992	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		13,750,550	0	13,750,550	50.00
51.00	05100 RECOVERY ROOM		1,323,309	0	1,323,309	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,925,237	0	3,925,237	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,789,558	0	11,789,558	54.00
59.00	05900 CARDIAC CATHETERIZATION		6,253,708	0	6,253,708	59.00
60.00	06000 LABORATORY		10,501,338	0	10,501,338	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		397,882	0	397,882	63.00
64.00	06400 INTRAVENOUS THERAPY		1,018,469	0	1,018,469	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,615,228	0	3,615,228	65.00
66.00	06600 PHYSICAL THERAPY	0	1,317,425	0	1,317,425	66.00
69.00	06900 ELECTROCARDIOLOGY		1,422,713	0	1,422,713	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		234,562	0	234,562	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,962,692	0	13,962,692	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		10,341,253	0	10,341,253	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		13,444,502	0	13,444,502	73.00
74.00	07400 RENAL DIALYSIS		509,564	0	509,564	74.00
76.00	03021 DIABETES		0	0	0	76.00
76.01	03022 PARTIAL HOSPITALIZATION		214,186	0	214,186	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		9,617,466	0	9,617,466	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,193,516	0	2,193,516	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		149,275,649	0	149,275,649	200.00
201.00	Less Observation Beds		2,193,516		2,193,516	201.00
202.00	Total (see instructions)		147,082,133	0	147,082,133	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150009

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2014 9:02 am

		Title XVII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	25,391,003		25,391,003		30.00
31.00	03100	INTENSIVE CARE UNIT	9,549,483		9,549,483		31.00
40.00	04000	SUBPROVIDER - IPF	1,609,725		1,609,725		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,305,470		1,305,470		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	11,302,892	24,979,517	36,282,409	0.378987	50.00
51.00	05100	RECOVERY ROOM	2,469,611	3,759,433	6,229,044	0.212442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,451,388	343,394	2,794,782	1.404488	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,528,238	61,544,502	91,072,740	0.129452	54.00
59.00	05900	CARDIAC CATHETERIZATION	17,620,224	7,708,273	25,328,497	0.246904	59.00
60.00	06000	LABORATORY	29,445,514	19,182,628	48,628,142	0.215952	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,955,854	6,432,377	19,388,231	0.020522	63.00
64.00	06400	INTRAVENOUS THERAPY	4,481,292	5,229,736	9,711,028	0.104878	64.00
65.00	06500	RESPIRATORY THERAPY	12,407,360	3,732,658	16,140,018	0.223992	65.00
66.00	06600	PHYSICAL THERAPY	3,250,388	126,378	3,376,766	0.390144	66.00
69.00	06900	ELECTROCARDIOLOGY	6,261,406	4,946,485	11,207,891	0.126939	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	379,547	1,653,272	2,032,819	0.115388	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,138,876	19,889,527	57,028,403	0.244838	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,843,564	4,760,416	21,603,980	0.478674	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,734,264	12,668,632	36,402,896	0.369325	73.00
74.00	07400	RENAL DIALYSIS	450,192	3,400	453,592	1.123397	74.00
76.00	03021	DIABETES	0	0	0	0.000000	76.00
76.01	03022	PARTIAL HOSPITALIZATION	5,006	634,195	639,201	0.335084	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	6,194,946	15,798,360	21,993,306	0.437291	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	114,652	851,708	966,360	2.269875	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	254,890,895	194,244,891	449,135,786		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	254,890,895	194,244,891	449,135,786		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 9:02 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.378987	50.00
51.00	05100	RECOVERY ROOM	0.212442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.404488	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129452	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.246904	59.00
60.00	06000	LABORATORY	0.215952	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.020522	63.00
64.00	06400	INTRAVENOUS THERAPY	0.104878	64.00
65.00	06500	RESPIRATORY THERAPY	0.223992	65.00
66.00	06600	PHYSICAL THERAPY	0.390144	66.00
69.00	06900	ELECTROCARDIOLOGY	0.126939	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115388	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244838	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.478674	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.369325	73.00
74.00	07400	RENAL DIALYSIS	1.123397	74.00
76.00	03021	DIABETES	0.000000	76.00
76.01	03022	PARTIAL HOSPITALIZATION	0.335084	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	EMERGENCY	0.437291	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2.269875	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 9:02 am
		Title XIX	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		30,779,695	0	30,779,695	30.00
31.00	03100 INTENSIVE CARE UNIT		8,406,206	0	8,406,206	31.00
40.00	04000 SUBPROVIDER - I PF		3,014,598	0	3,014,598	40.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,241,992	0	1,241,992	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		13,750,550	0	13,750,550	50.00
51.00	05100 RECOVERY ROOM		1,323,309	0	1,323,309	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,925,237	0	3,925,237	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,789,558	0	11,789,558	54.00
59.00	05900 CARDIAC CATHETERIZATION		6,253,708	0	6,253,708	59.00
60.00	06000 LABORATORY		10,501,338	0	10,501,338	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		397,882	0	397,882	63.00
64.00	06400 INTRAVENOUS THERAPY		1,018,469	0	1,018,469	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,615,228	0	3,615,228	65.00
66.00	06600 PHYSICAL THERAPY	0	1,317,425	0	1,317,425	66.00
69.00	06900 ELECTROCARDIOLOGY		1,422,713	0	1,422,713	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		234,562	0	234,562	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,962,692	0	13,962,692	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		10,341,253	0	10,341,253	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		13,444,502	0	13,444,502	73.00
74.00	07400 RENAL DIALYSIS		509,564	0	509,564	74.00
76.00	03021 DIABETES		0	0	0	76.00
76.01	03022 PARTIAL HOSPITALIZATION		214,186	0	214,186	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		9,617,466	0	9,617,466	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,193,516	0	2,193,516	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		149,275,649	0	149,275,649	200.00
201.00	Less Observation Beds		2,193,516		2,193,516	201.00
202.00	Total (see instructions)		147,082,133	0	147,082,133	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 9:02 am
		Title XIX	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	25,391,003		25,391,003	30.00
31.00	03100	INTENSIVE CARE UNIT	9,549,483		9,549,483	31.00
40.00	04000	SUBPROVIDER - I/PF	1,609,725		1,609,725	40.00
41.00	04100	SUBPROVIDER - I/RF	0		0	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	1,305,470		1,305,470	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	11,302,892	24,979,517	36,282,409	0.378987 50.00
51.00	05100	RECOVERY ROOM	2,469,611	3,759,433	6,229,044	0.212442 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,451,388	343,394	2,794,782	1.404488 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,528,238	61,544,502	91,072,740	0.129452 54.00
59.00	05900	CARDIAC CATHETERIZATION	17,620,224	7,708,273	25,328,497	0.246904 59.00
60.00	06000	LABORATORY	29,445,514	19,182,628	48,628,142	0.215952 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,955,854	6,432,377	19,388,231	0.020522 63.00
64.00	06400	INTRAVENOUS THERAPY	4,481,292	5,229,736	9,711,028	0.104878 64.00
65.00	06500	RESPIRATORY THERAPY	12,407,360	3,732,658	16,140,018	0.223992 65.00
66.00	06600	PHYSICAL THERAPY	3,250,388	126,378	3,376,766	0.390144 66.00
69.00	06900	ELECTROCARDIOLOGY	6,261,406	4,946,485	11,207,891	0.126939 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	379,547	1,653,272	2,032,819	0.115388 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,138,876	19,889,527	57,028,403	0.244838 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	16,843,564	4,760,416	21,603,980	0.478674 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,734,264	12,668,632	36,402,896	0.369325 73.00
74.00	07400	RENAL DIALYSIS	450,192	3,400	453,592	1.123397 74.00
76.00	03021	DIABETES	0	0	0	0.000000 76.00
76.01	03022	PARTIAL HOSPITALIZATION	5,006	634,195	639,201	0.335084 76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	6,194,946	15,798,360	21,993,306	0.437291 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	114,652	851,708	966,360	2.269875 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	254,890,895	194,244,891	449,135,786	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	254,890,895	194,244,891	449,135,786	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 9:02 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.378987		50.00
51.00	05100 RECOVERY ROOM	0.212442		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.404488		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129452		54.00
59.00	05900 CARDIAC CATHETERIZATION	0.246904		59.00
60.00	06000 LABORATORY	0.215952		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.020522		63.00
64.00	06400 INTRAVENOUS THERAPY	0.104878		64.00
65.00	06500 RESPIRATORY THERAPY	0.223992		65.00
66.00	06600 PHYSICAL THERAPY	0.390144		66.00
69.00	06900 ELECTROCARDIOLOGY	0.126939		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115388		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244838		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.478674		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.369325		73.00
74.00	07400 RENAL DIALYSIS	1.123397		74.00
76.00	03021 DIABETES	0.000000		76.00
76.01	03022 PARTIAL HOSPITALIZATION	0.335084		76.01
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.437291		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2.269875		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150009

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

Worksheet C Part II Date/Time Prepared: 5/29/2014 9:02 am

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	13,750,550	1,446,602	12,303,948	0	0	50.00
51.00	05100	RECOVERY ROOM	1,323,309	41,560	1,281,749	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,925,237	697,793	3,227,444	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,789,558	1,549,362	10,240,196	0	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	6,253,708	399,390	5,854,318	0	0	59.00
60.00	06000	LABORATORY	10,501,338	766,257	9,735,081	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	397,882	58,156	339,726	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,018,469	37,659	980,810	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,615,228	90,327	3,524,901	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,317,425	25,769	1,291,656	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,422,713	206,753	1,215,960	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234,562	33,734	200,828	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,962,692	412,382	13,550,310	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,341,253	251,229	10,090,024	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,444,502	391,089	13,053,413	0	0	73.00
74.00	07400	RENAL DIALYSIS	509,564	5,340	504,224	0	0	74.00
76.00	03021	DIABETES	0	0	0	0	0	76.00
76.01	03022	PARTIAL HOSPITALIZATION	214,186	5,165	209,021	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	9,617,466	1,055,603	8,561,863	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,193,516	280,869	1,912,647	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	105,833,158	7,755,039	98,078,119	0	0	200.00
201.00		Less Observation Beds	2,193,516	280,869	1,912,647	0	0	201.00
202.00		Total (line 200 minus line 201)	103,639,642	7,474,170	96,165,472	0	0	202.00

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

Provider CCN: 150009

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

Worksheet C Part II Date/Time Prepared: 5/29/2014 9:02 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	13,750,550	36,282,409	0.378987	50.00
51.00	05100 RECOVERY ROOM	1,323,309	6,229,044	0.212442	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,925,237	2,794,782	1.404488	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,789,558	91,072,740	0.129452	54.00
59.00	05900 CARDIAC CATHETERIZATION	6,253,708	25,328,497	0.246904	59.00
60.00	06000 LABORATORY	10,501,338	48,628,142	0.215952	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	397,882	19,388,231	0.020522	63.00
64.00	06400 INTRAVENOUS THERAPY	1,018,469	9,711,028	0.104878	64.00
65.00	06500 RESPIRATORY THERAPY	3,615,228	16,140,018	0.223992	65.00
66.00	06600 PHYSICAL THERAPY	1,317,425	3,376,766	0.390144	66.00
69.00	06900 ELECTROCARDIOLOGY	1,422,713	11,207,891	0.126939	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	234,562	2,032,819	0.115388	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,962,692	57,028,403	0.244838	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	10,341,253	21,603,980	0.478674	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,444,502	36,402,896	0.369325	73.00
74.00	07400 RENAL DIALYSIS	509,564	453,592	1.123397	74.00
76.00	03021 DIABETES	0	0	0.000000	76.00
76.01	03022 PARTIAL HOSPITALIZATION	214,186	639,201	0.335084	76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	9,617,466	21,993,306	0.437291	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,193,516	966,360	2.269875	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (sum of lines 50 thru 199)	105,833,158	411,280,105		200.00
201.00	Less Observation Beds	2,193,516	0		201.00
202.00	Total (line 200 minus line 201)	103,639,642	411,280,105		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150009

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/29/2014 9:02 am

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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,941,172	0	3,941,172	43,780	90.02	30.00
31.00	INTENSIVE CARE UNIT	497,937		497,937	9,413	52.90	31.00
40.00	SUBPROVIDER - IPF	748,585	0	748,585	2,798	267.54	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	22,977		22,977	3,416	6.73	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	5,210,671		5,210,671	59,407		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	18,530	1,668,071				
31.00	INTENSIVE CARE UNIT	4,903	259,369				
40.00	SUBPROVIDER - IPF	2,171	580,829				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (Lines 30-199)	25,604	2,508,269				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/29/2014 9:02 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,446,602	36,282,409	0.039871	5,266,687	209,988	50.00
51.00	05100 RECOVERY ROOM	41,560	6,229,044	0.006672	964,341	6,434	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	697,793	2,794,782	0.249677	328,712	82,072	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,549,362	91,072,740	0.017012	14,572,665	247,910	54.00
59.00	05900 CARDIAC CATHETERIZATION	399,390	25,328,497	0.015768	4,268,984	67,313	59.00
60.00	06000 LABORATORY	766,257	48,628,142	0.015757	15,074,962	237,536	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	58,156	19,388,231	0.003000	4,736,046	14,208	63.00
64.00	06400 INTRAVENOUS THERAPY	37,659	9,711,028	0.003878	1,846,928	7,162	64.00
65.00	06500 RESPIRATORY THERAPY	90,327	16,140,018	0.005596	7,203,770	40,312	65.00
66.00	06600 PHYSICAL THERAPY	25,769	3,376,766	0.007631	1,881,370	14,357	66.00
69.00	06900 ELECTROCARDIOLOGY	206,753	11,207,891	0.018447	3,321,013	61,263	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	33,734	2,032,819	0.016595	188,986	3,136	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	412,382	57,028,403	0.007231	17,014,763	123,034	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	251,229	21,603,980	0.011629	8,413,386	97,839	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	391,089	36,402,896	0.010743	11,407,250	122,548	73.00
74.00	07400 RENAL DIALYSIS	5,340	453,592	0.011773	195,120	2,297	74.00
76.00	03021 DIABETES	0	0	0.000000	0	0	76.00
76.01	03022 PARTIAL HOSPITALIZATION	5,165	639,201	0.008080	1,194	10	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,055,603	21,993,306	0.047997	2,697,538	129,474	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	280,869	966,360	0.290646	32,755	9,520	92.00
200.00	Total (lines 50-199)	7,755,039	411,280,105		99,416,470	1,476,413	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/29/2014 9:02 am
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Cost Center Description			Title XVIII		Hospital		PPS
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	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
200.00		Total (lines 30-199)	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	43,780	0.00	18,530	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,413	0.00	4,903	0	31.00
40.00	04000	SUBPROVIDER - IPF	2,798	0.00	2,171	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	3,416	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00		Total (lines 30-199)	59,407		25,604	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:02 am
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
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
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
76.00	03021	DIABETES	0	0	0	0	76.00
76.01	03022	PARTIAL HOSPITALIZATION	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150009

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2014 9:02 am

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)	Hospital			
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	36,282,409	0.000000	0.000000	5,266,687	50.00
51.00	05100	RECOVERY ROOM	0	6,229,044	0.000000	0.000000	964,341	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,794,782	0.000000	0.000000	328,712	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	91,072,740	0.000000	0.000000	14,572,665	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,328,497	0.000000	0.000000	4,268,984	59.00
60.00	06000	LABORATORY	0	48,628,142	0.000000	0.000000	15,074,962	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	19,388,231	0.000000	0.000000	4,736,046	63.00
64.00	06400	INTRAVENOUS THERAPY	0	9,711,028	0.000000	0.000000	1,846,928	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,140,018	0.000000	0.000000	7,203,770	65.00
66.00	06600	PHYSICAL THERAPY	0	3,376,766	0.000000	0.000000	1,881,370	66.00
69.00	06900	ELECTROCARDIOLOGY	0	11,207,891	0.000000	0.000000	3,321,013	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,032,819	0.000000	0.000000	188,986	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,028,403	0.000000	0.000000	17,014,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	21,603,980	0.000000	0.000000	8,413,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	36,402,896	0.000000	0.000000	11,407,250	73.00
74.00	07400	RENAL DIALYSIS	0	453,592	0.000000	0.000000	195,120	74.00
76.00	03021	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03022	PARTIAL HOSPITALIZATION	0	639,201	0.000000	0.000000	1,194	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	21,993,306	0.000000	0.000000	2,697,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	966,360	0.000000	0.000000	32,755	92.00
200.00		Total (lines 50-199)	0	411,280,105			99,416,470	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:02 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	7,898,522	0	50.00
51.00	05100 RECOVERY ROOM	0	919,280	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	10,871	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	17,158,733	0	54.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,840,935	0	59.00
60.00	06000 LABORATORY	0	627,468	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	226,724	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,251,997	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	553,129	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	1,975,687	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,159,021	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,223,131	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,554,968	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,824,891	0	73.00
74.00	07400 RENAL DIALYSIS	0	340	0	74.00
76.00	03021 DIABETES	0	0	0	76.00
76.01	03022 PARTIAL HOSPITALIZATION	0	236,825	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0	2,861,210	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	232,470	0	92.00
200.00	Total (lines 50-199)	0	47,556,202	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 9:02 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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.378987	7,898,522	0	0	2,993,437 50.00
51.00	05100 RECOVERY ROOM	0.212442	919,280	893	0	195,294 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.404488	10,871	0	0	15,268 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129452	17,158,733	0	0	2,221,232 54.00
59.00	05900 CARDIAC CATHETERIZATION	0.246904	1,840,935	0	0	454,534 59.00
60.00	06000 LABORATORY	0.215952	627,468	248	0	135,503 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.020522	226,724	230	0	4,653 63.00
64.00	06400 INTRAVENOUS THERAPY	0.104878	1,251,997	0	0	131,307 64.00
65.00	06500 RESPIRATORY THERAPY	0.223992	553,129	0	0	123,896 65.00
66.00	06600 PHYSICAL THERAPY	0.390144	0	0	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.126939	1,975,687	0	0	250,792 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115388	1,159,021	0	0	133,737 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244838	5,223,131	4,028	0	1,278,821 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.478674	1,554,968	0	0	744,323 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.369325	3,824,891	18,759	0	1,412,628 73.00
74.00	07400 RENAL DIALYSIS	1.123397	340	0	0	382 74.00
76.00	03021 DIABETES	0.000000	0	0	0	0 76.00
76.01	03022 PARTIAL HOSPITALIZATION	0.335084	236,825	0	0	79,356 76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY	0.437291	2,861,210	0	0	1,251,181 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2.269875	232,470	0	0	527,678 92.00
200.00	Subtotal (see instructions)		47,556,202	24,158	0	11,954,022 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		47,556,202	24,158	0	11,954,022 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 9:02 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	190	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	54	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	5	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
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	986	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	6,928	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03021 DIABETES	0	0		76.00
76.01 03022 PARTIAL HOSPITALIZATION	0	0		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	8,163	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	8,163	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150009 Component CCN: 15S009		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/29/2014 9:02 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,446,602	36,282,409	0.039871	1,632	65	50.00
51.00	05100	RECOVERY ROOM	41,560	6,229,044	0.006672	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	697,793	2,794,782	0.249677	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,549,362	91,072,740	0.017012	136,975	2,330	54.00
59.00	05900	CARDIAC CATHETERIZATION	399,390	25,328,497	0.015768	0	0	59.00
60.00	06000	LABORATORY	766,257	48,628,142	0.015757	424,920	6,695	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	58,156	19,388,231	0.003000	69,176	208	63.00
64.00	06400	INTRAVENOUS THERAPY	37,659	9,711,028	0.003878	5,411	21	64.00
65.00	06500	RESPIRATORY THERAPY	90,327	16,140,018	0.005596	53,039	297	65.00
66.00	06600	PHYSICAL THERAPY	25,769	3,376,766	0.007631	43,623	333	66.00
69.00	06900	ELECTROCARDIOLOGY	206,753	11,207,891	0.018447	5,952	110	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33,734	2,032,819	0.016595	1,248	21	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	412,382	57,028,403	0.007231	176,259	1,275	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	251,229	21,603,980	0.011629	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	391,089	36,402,896	0.010743	379,185	4,074	73.00
74.00	07400	RENAL DIALYSIS	5,340	453,592	0.011773	7,820	92	74.00
76.00	03021	DIABETES	0	0	0.000000	0	0	76.00
76.01	03022	PARTIAL HOSPITALIZATION	5,165	639,201	0.008080	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,055,603	21,993,306	0.047997	61,124	2,934	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	966,360	0.000000	0	0	92.00
200.00		Total (lines 50-199)	7,474,170	411,280,105		1,366,364	18,455	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009 Component CCN: 15S009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:02 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
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
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
76.00	03021 DIABETES	0	0	0	0	0	76.00
76.01	03022 PARTIAL HOSPITALIZATION	0	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009 Component CCN: 15S009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:02 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	36,282,409	0.000000	0.000000	1,632	50.00
51.00 05100 RECOVERY ROOM	0	6,229,044	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	2,794,782	0.000000	0.000000	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	91,072,740	0.000000	0.000000	136,975	54.00
59.00 05900 CARDIAC CATHETERIZATION	0	25,328,497	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	48,628,142	0.000000	0.000000	424,920	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	19,388,231	0.000000	0.000000	69,176	63.00
64.00 06400 INTRAVENOUS THERAPY	0	9,711,028	0.000000	0.000000	5,411	64.00
65.00 06500 RESPIRATORY THERAPY	0	16,140,018	0.000000	0.000000	53,039	65.00
66.00 06600 PHYSICAL THERAPY	0	3,376,766	0.000000	0.000000	43,623	66.00
69.00 06900 ELECTROCARDIOLOGY	0	11,207,891	0.000000	0.000000	5,952	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,032,819	0.000000	0.000000	1,248	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,028,403	0.000000	0.000000	176,259	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	21,603,980	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	36,402,896	0.000000	0.000000	379,185	73.00
74.00 07400 RENAL DIALYSIS	0	453,592	0.000000	0.000000	7,820	74.00
76.00 03021 DIABETES	0	0	0.000000	0.000000	0	76.00
76.01 03022 PARTIAL HOSPITALIZATION	0	639,201	0.000000	0.000000	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0	21,993,306	0.000000	0.000000	61,124	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	966,360	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	411,280,105			1,366,364	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009 Component CCN: 15S009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:02 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,817	0	54.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
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	306	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
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	2,445	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,457	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03021 DIABETES	0	0	0	76.00
76.01 03022 PARTIAL HOSPITALIZATION	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (Lines 50-199)	0	11,025	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150009 Component CCN: 15S009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 9:02 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.378987	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.212442	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.404488	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.129452	1,817	0	0	235	54.00	54.00
59.00 05900 CARDIAC CATHETERIZATION	0.246904	0	0	0	0	59.00	59.00
60.00 06000 LABORATORY	0.215952	0	0	0	0	60.00	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.020522	0	0	0	0	63.00	63.00
64.00 06400 INTRAVENOUS THERAPY	0.104878	0	0	0	0	64.00	64.00
65.00 06500 RESPIRATORY THERAPY	0.223992	306	0	0	69	65.00	65.00
66.00 06600 PHYSICAL THERAPY	0.390144	0	0	0	0	66.00	66.00
69.00 06900 ELECTROCARDIOLOGY	0.126939	0	0	0	0	69.00	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.115388	0	0	0	0	70.00	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244838	2,445	0	0	599	71.00	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.478674	0	0	0	0	72.00	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.369325	6,457	0	0	2,385	73.00	73.00
74.00 07400 RENAL DIALYSIS	1.123397	0	0	0	0	74.00	74.00
76.00 03021 DIABETES	0.000000	0	0	0	0	76.00	76.00
76.01 03022 PARTIAL HOSPITALIZATION	0.335084	0	0	0	0	76.01	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00 09100 EMERGENCY	0.437291	0	0	0	0	91.00	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2.269875	0	0	0	0	92.00	92.00
200.00	Subtotal (see instructions)		11,025	0	3,288	200.00	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00	201.00
202.00	Net Charges (line 200 +/- line 201)		11,025	0	3,288	202.00	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150009 Component CCN: 15S009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 9:02 am
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
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
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
76.00 03021 DIABETES	0	0	76.00
76.01 03022 PARTIAL HOSPITALIZATION	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150009

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description		Title XIX			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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,941,172	0	3,941,172	43,780	90.02	30.00
31.00	INTENSIVE CARE UNIT	497,937		497,937	9,413	52.90	31.00
40.00	SUBPROVIDER - IPF	748,585	0	748,585	2,798	267.54	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	22,977		22,977	3,416	6.73	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	5,210,671		5,210,671	59,407		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	3,523	317,140				
31.00	INTENSIVE CARE UNIT	815	43,114				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	296	1,992				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (Lines 30-199)	4,634	362,246				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150009

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,446,602	36,282,409	0.039871	2,165,233	86,330	50.00
51.00	05100	RECOVERY ROOM	41,560	6,229,044	0.006672	171,312	1,143	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	697,793	2,794,782	0.249677	1,609,069	401,748	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,549,362	91,072,740	0.017012	2,918,291	49,646	54.00
59.00	05900	CARDIAC CATHETERIZATION	399,390	25,328,497	0.015768	0	0	59.00
60.00	06000	LABORATORY	766,257	48,628,142	0.015757	4,943,335	77,892	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	58,156	19,388,231	0.003000	128,841	387	63.00
64.00	06400	INTRAVENOUS THERAPY	37,659	9,711,028	0.003878	894,191	3,468	64.00
65.00	06500	RESPIRATORY THERAPY	90,327	16,140,018	0.005596	1,224,065	6,850	65.00
66.00	06600	PHYSICAL THERAPY	25,769	3,376,766	0.007631	170,450	1,301	66.00
69.00	06900	ELECTROCARDIOLOGY	206,753	11,207,891	0.018447	464,943	8,577	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33,734	2,032,819	0.016595	41,034	681	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	412,382	57,028,403	0.007231	1,488,575	10,764	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	251,229	21,603,980	0.011629	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	391,089	36,402,896	0.010743	2,296,373	24,670	73.00
74.00	07400	RENAL DIALYSIS	5,340	453,592	0.011773	29,208	344	74.00
76.00	03021	DIABETES	0	0	0.000000	0	0	76.00
76.01	03022	PARTIAL HOSPITALIZATION	5,165	639,201	0.008080	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	1,055,603	21,993,306	0.047997	896,266	43,018	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	280,869	966,360	0.290646	0	0	92.00
200.00		Total (lines 50-199)	7,755,039	411,280,105		19,441,186	716,819	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/29/2014 9:02 am
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Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
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
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,780	0.00	3,523	0		30.00
31.00	03100	INTENSIVE CARE UNIT	9,413	0.00	815	0		31.00
40.00	04000	SUBPROVIDER - IPF	2,798	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	3,416	0.00	296	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	59,407		4,634	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:02 am
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
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
76.00	03021	DIABETES	0	0	0	0	0	76.00
76.01	03022	PARTIAL HOSPITALIZATION	0	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:02 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	36,282,409	0.000000	0.000000	2,165,233	50.00
51.00	05100	RECOVERY ROOM	0	6,229,044	0.000000	0.000000	171,312	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,794,782	0.000000	0.000000	1,609,069	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	91,072,740	0.000000	0.000000	2,918,291	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,328,497	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	48,628,142	0.000000	0.000000	4,943,335	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	19,388,231	0.000000	0.000000	128,841	63.00
64.00	06400	INTRAVENOUS THERAPY	0	9,711,028	0.000000	0.000000	894,191	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,140,018	0.000000	0.000000	1,224,065	65.00
66.00	06600	PHYSICAL THERAPY	0	3,376,766	0.000000	0.000000	170,450	66.00
69.00	06900	ELECTROCARDIOLOGY	0	11,207,891	0.000000	0.000000	464,943	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,032,819	0.000000	0.000000	41,034	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,028,403	0.000000	0.000000	1,488,575	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	21,603,980	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	36,402,896	0.000000	0.000000	2,296,373	73.00
74.00	07400	RENAL DIALYSIS	0	453,592	0.000000	0.000000	29,208	74.00
76.00	03021	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03022	PARTIAL HOSPITALIZATION	0	639,201	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	21,993,306	0.000000	0.000000	896,266	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	966,360	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	411,280,105			19,441,186	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:02 am
	Title XIX	Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
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
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
76.00 03021 DIABETES	0	0	0	76.00
76.01 03022 PARTIAL HOSPITALIZATION	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150009

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/29/2014 9:02 am

		Title XIX		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.378987	0	1,660,619	0	0	50.00
51.00	05100 RECOVERY ROOM	0.212442	0	240,862	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.404488	0	194,457	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129452	0	3,264,889	0	0	54.00
59.00	05900 CARDIAC CATHETERIZATION	0.246904	0	0	0	0	59.00
60.00	06000 LABORATORY	0.215952	0	2,090,413	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.020522	0	23,202	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.104878	0	164,626	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.223992	0	194,457	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.390144	0	4,419	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.126939	0	129,270	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115388	0	89,494	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244838	0	415,431	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.478674	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.369325	0	461,835	0	0	73.00
74.00	07400 RENAL DIALYSIS	1.123397	0	0	0	0	74.00
76.00	03021 DIABETES	0.000000	0	0	0	0	76.00
76.01	03022 PARTIAL HOSPITALIZATION	0.335084	0	85,075	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.437291	0	1,901,480	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2.269875	0	128,165	0	0	92.00
200.00	Subtotal (see instructions)		0	11,048,694	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	11,048,694	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 9:02 am
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	629,353	0	50.00
51.00	05100 RECOVERY ROOM	51,169	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	273,113	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	422,646	0	54.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	451,429	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	476	0	63.00
64.00	06400 INTRAVENOUS THERAPY	17,266	0	64.00
65.00	06500 RESPIRATORY THERAPY	43,557	0	65.00
66.00	06600 PHYSICAL THERAPY	1,724	0	66.00
69.00	06900 ELECTROCARDIOLOGY	16,409	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	10,327	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	101,713	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	170,567	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03021 DIABETES	0	0	76.00
76.01	03022 PARTIAL HOSPITALIZATION	28,507	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	831,500	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	290,919	0	92.00
200.00	Subtotal (see instructions)	3,340,675	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	3,340,675	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2014 9:02 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,780	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,780	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)		40,660	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)		18,530	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		30,779,695	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)		30,779,695	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		30,779,695	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		703.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,027,517	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)		13,027,517	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/29/2014 9:02 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	8,406,206	9,413	893.04	4,903	4,378,575		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,820,032		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,226,124		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,927,440		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,476,413		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,403,853		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,822,271		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					3,120		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					703.05		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,193,516		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 9:02 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	3,941,172	30,779,695	0.128045	2,193,516	280,869	90.00
91.00	Nursing School cost	0	30,779,695	0.000000	2,193,516	0	91.00
92.00	Allied health cost	0	30,779,695	0.000000	2,193,516	0	92.00
93.00	All other Medical Education	0	30,779,695	0.000000	2,193,516	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 15S009		Date/Time Prepared: 5/29/2014 9:02 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,798	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,798	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,798	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)		2,171	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,014,598	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,014,598	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,014,598	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,077.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,339,057	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)		2,339,057	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15S009				Date/Time Prepared: 5/29/2014 9:02 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					360,611		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,699,668		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					580,829		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					18,455		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					599,284		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,100,384		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 150009 Component CCN: 15S009		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 9:02 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	748,585	3,014,598	0.248320	0	0	90.00
91.00	Nursing School cost	0	3,014,598	0.000000	0	0	91.00
92.00	Allied health cost	0	3,014,598	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,014,598	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2014 9:02 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,780	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,780	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)		40,660	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)		3,523	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,416	15.00
16.00	Nursery days (title V or XIX only)		296	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		30,779,695	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)		30,779,695	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		30,779,695	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		703.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,476,845	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)		2,476,845	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/29/2014 9:02 am	
Cost Center Description			Title XIX		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	1.00	2.00	3.00	4.00	5.00	
NURSERY (title V & XIX only)						
	1,241,992	3,416	363.58	296	107,620	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	8,406,206	9,413	893.04	815	727,828	43.00
44.00						44.00
45.00						45.00
46.00						46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				6,700,378	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				10,012,671	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)				362,246	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				716,819	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,079,065	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				8,933,606	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				3,120	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				703.05	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,193,516	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150009		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 9:02 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	3,941,172	30,779,695	0.128045	2,193,516	280,869	90.00
91.00	Nursing School cost	0	30,779,695	0.000000	2,193,516	0	91.00
92.00	Allied health cost	0	30,779,695	0.000000	2,193,516	0	92.00
93.00	All other Medical Education	0	30,779,695	0.000000	2,193,516	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 9:02 am
		Title XVIII	Hospital	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		14,215,893	30.00
31.00	03100	INTENSIVE CARE UNIT		7,884,657	31.00
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			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.378987	5,266,687	1,996,006 50.00
51.00	05100	RECOVERY ROOM	0.212442	964,341	204,867 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.404488	328,712	461,672 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129452	14,572,665	1,886,461 54.00
59.00	05900	CARDIAC CATHETERIZATION	0.246904	4,268,984	1,054,029 59.00
60.00	06000	LABORATORY	0.215952	15,074,962	3,255,468 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.020522	4,736,046	97,193 63.00
64.00	06400	INTRAVENOUS THERAPY	0.104878	1,846,928	193,702 64.00
65.00	06500	RESPIRATORY THERAPY	0.223992	7,203,770	1,613,587 65.00
66.00	06600	PHYSICAL THERAPY	0.390144	1,881,370	734,005 66.00
69.00	06900	ELECTROCARDIOLOGY	0.126939	3,321,013	421,566 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115388	188,986	21,807 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244838	17,014,763	4,165,861 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.478674	8,413,386	4,027,269 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.369325	11,407,250	4,212,983 73.00
74.00	07400	RENAL DIALYSIS	1.123397	195,120	219,197 74.00
76.00	03021	DIABETES	0.000000	0	0 76.00
76.01	03022	PARTIAL HOSPITALIZATION	0.335084	1,194	400 76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.437291	2,697,538	1,179,609 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2.269875	32,755	74,350 92.00
200.00		Total (sum of lines 50-94 and 96-98)		99,416,470	25,820,032 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		99,416,470	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S009		Date/Time Prepared: 5/29/2014 9:02 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		1,251,850	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.378987	1,632	50.00
51.00	05100	RECOVERY ROOM	0.212442	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.404488	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129452	136,975	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.246904	0	59.00
60.00	06000	LABORATORY	0.215952	424,920	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.020522	69,176	63.00
64.00	06400	INTRAVENOUS THERAPY	0.104878	5,411	64.00
65.00	06500	RESPIRATORY THERAPY	0.223992	53,039	65.00
66.00	06600	PHYSICAL THERAPY	0.390144	43,623	66.00
69.00	06900	ELECTROCARDIOLOGY	0.126939	5,952	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115388	1,248	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244838	176,259	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.478674	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.369325	379,185	73.00
74.00	07400	RENAL DIALYSIS	1.123397	7,820	74.00
76.00	03021	DIABETES	0.000000	0	76.00
76.01	03022	PARTIAL HOSPITALIZATION	0.335084	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.437291	61,124	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2.269875	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,366,364	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)		1,366,364	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 9:02 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		3,615,697		30.00
31.00	03100 INTENSIVE CARE UNIT		748,214		31.00
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		584,500		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.378987	2,165,233	820,595	50.00
51.00	05100 RECOVERY ROOM	0.212442	171,312	36,394	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.404488	1,609,069	2,259,918	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129452	2,918,291	377,779	54.00
59.00	05900 CARDIAC CATHETERIZATION	0.246904	0	0	59.00
60.00	06000 LABORATORY	0.215952	4,943,335	1,067,523	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.020522	128,841	2,644	63.00
64.00	06400 INTRAVENOUS THERAPY	0.104878	894,191	93,781	64.00
65.00	06500 RESPIRATORY THERAPY	0.223992	1,224,065	274,181	65.00
66.00	06600 PHYSICAL THERAPY	0.390144	170,450	66,500	66.00
69.00	06900 ELECTROCARDIOLOGY	0.126939	464,943	59,019	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115388	41,034	4,735	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244838	1,488,575	364,460	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.478674	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.369325	2,296,373	848,108	73.00
74.00	07400 RENAL DIALYSIS	1.123397	29,208	32,812	74.00
76.00	03021 DIABETES	0.000000	0	0	76.00
76.01	03022 PARTIAL HOSPITALIZATION	0.335084	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0.437291	896,266	391,929	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2.269875	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		19,441,186	6,700,378	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		19,441,186		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S009		Date/Time Prepared: 5/29/2014 9:02 am	
		Title XIX	Subprovider - IPF		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		99,079	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.378987	34	13 50.00
51.00	05100	RECOVERY ROOM	0.212442	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.404488	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129452	5,427	703 54.00
59.00	05900	CARDIAC CATHETERIZATION	0.246904	0	0 59.00
60.00	06000	LABORATORY	0.215952	45,232	9,768 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.020522	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.104878	105	11 64.00
65.00	06500	RESPIRATORY THERAPY	0.223992	3,475	778 65.00
66.00	06600	PHYSICAL THERAPY	0.390144	4,661	1,818 66.00
69.00	06900	ELECTROCARDIOLOGY	0.126939	307	39 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115388	1,252	144 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244838	12,695	3,108 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.478674	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.369325	24,429	9,022 73.00
74.00	07400	RENAL DIALYSIS	1.123397	0	0 74.00
76.00	03021	DIABETES	0.000000	0	0 76.00
76.01	03022	PARTIAL HOSPITALIZATION	0.335084	0	0 76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.437291	4,953	2,166 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2.269875	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		102,570	27,570 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		102,570	27,570 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 9:02 am
		Title XVII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		28,966,511	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		9,157,800	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		285,301	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		7,841,490	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		160.45	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		4.49	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)		0.86	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)		3.63	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.99	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)		1.99	12.00
13.00	Total allowable FTE count for the prior year.		2.59	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.		2.41	14.00
15.00	Sum of lines 12 through 14 divided by 3.		2.33	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		2.33	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.014522	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.015493	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.014522	21.00
22.00	IME payment adjustment (see instructions)		363,406	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment ( sum of lines 22 and 28)		363,406	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.96	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.55	31.00
32.00	Sum of lines 30 and 31		25.51	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.26	33.00
34.00	Disproportionate share adjustment (see instructions)		3,206,862	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 9:02 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000367502	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			3,324,562	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			837,972	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		837,972		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)			42,817,852	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)			0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)			42,817,852	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			3,203,882	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).			90,708	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			46,112,442	59.00
60.00	Primary payer payments			227,753	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			45,884,689	61.00
62.00	Deductibles billed to program beneficiaries			4,051,426	62.00
63.00	Coinurance billed to program beneficiaries			83,917	63.00
64.00	Allowable bad debts (see instructions)			515,766	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			335,248	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			76,991	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			42,084,594	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			-4,757	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			24,271	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-237,888	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 9:02 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		41,866,220		71.00
71.01	Sequestration adjustment (see instructions)		632,180		71.01
72.00	Interim payments		41,115,260		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		118,780		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		296,932		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 9:02 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		8,163	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,954,022	2.00
3.00	PPS payments		11,821,308	3.00
4.00	Outlier payment (see instructions)		9,183	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)		8,163	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		24,158	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)		24,158	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		24,158	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		15,995	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		8,163	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)		11,830,491	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		669	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,744,683	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)		9,093,302	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		23,709	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)		9,117,011	30.00
31.00	Primary payer payments		20,705	31.00
32.00	Subtotal (line 30 minus line 31)		9,096,306	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		434,109	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		282,171	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		268,788	36.00
37.00	Subtotal (see instructions)		9,378,477	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,378,477	40.00
40.01	Sequestration adjustment (see instructions)		141,615	40.01
41.00	Interim payments		9,025,707	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		211,155	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 9:02 am
		Component CCN: 15S009	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,288	2.00
3.00	PPS payments		4,235	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
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		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)		4,235	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		877	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)		3,358	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)		3,358	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,358	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		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)		3,358	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,358	40.00
40.01	Sequestration adjustment (see instructions)		51	40.01
41.00	Interim payments		3,291	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		16	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150009

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2014 9:02 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		41,381,560		9,151,307	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	07/24/2013	266,300	07/24/2013	125,600	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)		-266,300		-125,600	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)		41,115,260		9,025,707	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		118,780		211,155	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		41,234,040		9,236,862	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: 150009  
Component CCN: 15S009

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2014 9:02 am

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,547,595		3,291	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,547,595		3,291	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		58,338		16	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,605,933		3,307	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: 150009

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/29/2014 9:02 am

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			13,399 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			23,433 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			4,741 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			50,073 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			449,135,786 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			7,079,339 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,908,049 8.00
9.00	Sequestration adjustment amount (see instructions)			38,161 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,869,888 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,886,684 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)			-16,796 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/29/2014 9:02 am
		Component CCN: 15S009	Title XVIII	Subprovider - IPF PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,716,294	1.00
2.00	Net IPF PPS Outlier Payments		18,723	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		7.665753	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,735,017	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,735,017	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,735,017	18.00
19.00	Deductibles		140,454	19.00
20.00	Subtotal (line 18 minus line 19)		1,594,563	20.00
21.00	Coinsurance		23,976	21.00
22.00	Subtotal (line 20 minus line 21)		1,570,587	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		92,716	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		60,265	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		46,100	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,630,852	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS		-298	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,630,554	31.00
31.01	Sequestration adjustment (see instructions)		24,621	31.01
32.00	Interim payments		1,547,595	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		58,338	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		18,723	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2014 9:02 am	
		Title XIX	Hospital	PPS	
		Inpatient	Outpatient		
		1.00	2.00		
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services	0			1.00
2.00	Medical and other services		3,340,675		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	3,340,675		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	3,340,675		7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	19,441,186	11,048,694		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	19,441,186	11,048,694		12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	19,441,186	11,048,694		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	19,441,186	7,708,019		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	3,340,675		21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	3,340,675		29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	3,340,675		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	3,340,675		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	0	3,340,675		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	3,340,675		40.00
41.00	Interim payments	0	3,340,675		41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0		43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/29/2014 9:02 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			4.49	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			3.63	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.99	6.00
7.00	Enter the lesser of line 5 or line 6			1.99	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	1.45	0.00	1.45	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	1.45	0.00	1.45	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	1.45	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	2.59	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	2.50	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	2.18	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	2.18	0.00		17.00
18.00	Per resident amount	93,509.83	0.00		18.00
19.00	Approved amount for resident costs	203,851	0	203,851	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			203,851	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	25,604	4,741		26.00
27.00	Total Inpatient Days (see instructions)	52,871	52,871		27.00
28.00	Ratio of inpatient days to total inpatient days	0.484273	0.089671		28.00
29.00	Program direct GME amount	98,720	18,280		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		2,583		30.00
31.00	Net Program direct GME amount			114,417	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/29/2014 9:02 am
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		453,592	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		45,925,792	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		227,753	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		45,698,039	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		11,965,473	42.00
43.00	Primary payer payments (see instructions)		20,705	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		11,944,768	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		57,642,807	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.792780	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.207220	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		114,417	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		90,708	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		23,709	50.00

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

Provider CCN: 150009

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

Worksheet G

Date/Time Prepared:  
5/29/2014 9:02 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	10,330,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	15,460,806	0	0	0	4.00
5.00	Other receivable	617,482	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	887,187	0	0	0	7.00
8.00	Prepaid expenses	1,435,658	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	39,192,231	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	67,923,364	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	6,071,554	0	0	0	12.00
13.00	Land improvements	1,543,212	0	0	0	13.00
14.00	Accumulated depreciation	-1,264,879	0	0	0	14.00
15.00	Buildings	90,872,698	0	0	0	15.00
16.00	Accumulated depreciation	-57,492,341	0	0	0	16.00
17.00	Leasehold improvements	510,456	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	21,846,570	0	0	0	19.00
20.00	Accumulated depreciation	-19,626,365	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	108,477,858	0	0	0	23.00
24.00	Accumulated depreciation	-71,885,898	0	0	0	24.00
25.00	Minor equipment depreciable	1,777,854	0	0	0	25.00
26.00	Accumulated depreciation	-412,548	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)	80,418,171	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	9,011,213	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	-30,595,757	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-21,584,544	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	126,756,991	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	8,534,796	0	0	0	37.00
38.00	Salaries, wages, and fees payable	414,304	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	1,176,028	0	0	0	43.00
44.00	Other current liabilities	27,501,759	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	37,626,887	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	48,359,007	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,050,874	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	49,409,881	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	87,036,768	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	39,720,223				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	39,720,223	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	126,756,991	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150009

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

Worksheet G-1

Date/Time Prepared:  
5/29/2014 9:02 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		45,329,940			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-5,609,717				2.00
3.00	Total (sum of line 1 and line 2)		39,720,223			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		39,720,223			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		39,720,223			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150009

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/29/2014 9:02 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	27,500,402		27,500,402	1.00
2.00	SUBPROVIDER - IPF	1,609,725		1,609,725	2.00
3.00	SUBPROVIDER - IRF	0		0	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				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	29,110,127		29,110,127	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,247,810		10,247,810	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,247,810		10,247,810	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	39,357,937		39,357,937	17.00
18.00	Ancillary services	190,917,760	165,658,050	356,575,810	18.00
19.00	Outpatient services	9,004,581	20,178,248	29,182,829	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	2,204,122	746,611	2,950,733	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	241,484,400	186,582,909	428,067,309	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		155,180,982		29.00
30.00		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	5,004,668			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)		5,004,668		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		150,176,314		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150009

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

Worksheet G-3

Date/Time Prepared:  
5/29/2014 9:02 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	428,067,309	1.00
2.00	Less contractual allowances and discounts on patients' accounts	282,206,108	2.00
3.00	Net patient revenues (line 1 minus line 2)	145,861,201	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	150,176,314	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,315,113	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	249,260	6.00
7.00	Income from investments	289,478	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	242,047	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	903,020	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	82,369	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	33,702	21.00
22.00	Rental of hospital space	322,705	22.00
23.00	Governmental appropriations	0	23.00
24.00	IDENTIFIED ON TRIAL BALANCE	-3,417,185	24.00
25.00	Total other income (sum of lines 6-24)	-1,294,604	25.00
26.00	Total (line 5 plus line 25)	-5,609,717	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)	-5,609,717	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150009	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/29/2014 9:02 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,003,636	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		26,336	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		138.20	3.00
4.00	Number of interns & residents (see instructions)		2.33	4.00
5.00	Indirect medical education percentage (see instructions)		0.48	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		14,417	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.96	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.55	8.00
9.00	Sum of lines 7 and 8		25.51	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.31	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		159,493	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,203,882	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00