

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 6/1/2014 5:54 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 6/1/2014 Time: 5:54 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COLUMBUS REGIONAL HOSPITAL (150112) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	225,407	115,771	68,314	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	49,955	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	275,362	115,771	68,314	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.

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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 6/1/2014 Time: 5:54 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received:
 (1) As Submitted 7. Contractor No.
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. NPR Date:
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

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Encryption Information
 ECR: Date: 6/1/2014 Time: 5:54 pm
 9I fmaN8okg: 7HSeoGnQt622NCr2ZF0
 f9SXN0p8j xxkQ7. wUCb40N6f0cTxNW
 tOKF1atPBMOFYmmu
 PI: Date: 6/1/2014 Time: 5:54 pm
 JI Tw1l AtTADRcnmrno9X00R1mYJEi O
 79pUq0CDs: N73hYxLLYsFKbbgRLKwr
 e05v0555FPOcmWUL

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
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4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	275,362	115,771	68,314	0	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 5:50 pm
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 2400 EAST 17TH STREET	3.00 PO Box:	4.00 State: IN	5.00 Zip Code: 47201-	6.00 County: BARTHOLOMEW
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1.00	Component Name	2.00	3.00	4.00	5.00	Payment System (P, T, O, or N)			8.00	
						6.00	7.00	8.00		
3.00	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	COLUMBUS REGIONAL HOSPITAL	150112	18020	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	COLUMBUS REGIONAL REHAB UNIT	15T112	18020	5	01/01/1984	N	P	N	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
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
20.00	Cost Reporting Period (mm/dd/yyyy)	1.00	2.00	
21.00	Type of Control (see instructions)	01/01/2013	12/31/2013	20.00
Inpatient PPS Information		8		

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.	2,263	989	9	0	3,431	65	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.	241	0	0	0	23		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 5:50 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	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
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N				39.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	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/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

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))																
		1.00	2.00	3.00																
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010																				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00															
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))														
		1.00	2.00	3.00	4.00	5.00														
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00							
		1.00	2.00	3.00	4.00	5.00														
Inpatient Psychiatric Facility PPS																				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N															
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	0														
Inpatient Rehabilitation Facility PPS																				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y															
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	0														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00							
		1.00	2.00	3.00	4.00	5.00														
Long Term Care Hospital PPS																				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N															
TEFRA Providers																				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N															
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.																			
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> </tr> </tbody> </table>									V	XIX			1.00	2.00						
		V	XIX																	
		1.00	2.00																	
Title V and XIX Services																				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y														
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	N														
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														
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														
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N														
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00														

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 5:50 pm		
		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			Y		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	555,961	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		
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 6/1/2014 5:50 pm			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			140.00		
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			
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 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	N		
					1.00		
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N		
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
					1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				1.00	169.00	
				Beginning 1.00	Ending 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)			01/31/2013	05/01/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 6/1/2014 5:50 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		Y		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Description	Part A		Part B
			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)		Y	05/20/2014	Y
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	05/20/2014	Y
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
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
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	MGD CARE PART A DISCH & PT DAYS	Y		N

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
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.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CATHERINE		SIMMONS	41.00
42.00	Enter the employer/company name of the cost report preparer.	COLUMBUS REGIONAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-376-5248		CSIMMONS@CRH.ORG	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	05/20/2014		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)	05/20/2014		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER ACCOUNTING		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HFS Supplemental Information

Provider CCN: 150112

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

Worksheet S-2
Part IX
Date/Time Prepared:
6/1/2014 5:50 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150112

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

Worksheet S-3
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	132	48,180	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)		132	48,180	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		150	54,750	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		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	101.00				0	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
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		168				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: 150112

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

Worksheet S-3
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,883	4,909	26,642			1.00
2.00 HMO and other (see instructions)	2,274	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	306	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	12,883	4,909	26,642			7.00
8.00 INTENSIVE CARE UNIT	1,431	137	2,720			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,711	3,289			13.00
14.00 Total (see instructions)	14,314	6,757	32,651	0.00	1,232.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,241	264	3,718	0.00	24.00	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	0	0	0	0.00	0.00	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
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,256.00	27.00
28.00 Observation Bed Days		610	3,265			28.00
29.00 Ambulance Trips	2,906					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	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: 150112

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

Worksheet S-3
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,767	1,346	8,512	1.00
2.00 HMO and other (see instructions)			582			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	3,767	1,346	8,512	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	202	19	335	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	0.00					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
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150112

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

Worksheet S-3
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	67,722,593	-273,284	67,449,309	2,574,714.00	26.20
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		170,511	0	170,511	4,160.00	40.99
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		4,018,671	226,129	4,244,800	203,970.00	20.81
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		11,062,629	0	11,062,629	246,392.00	44.90
12.00	Contract management and administrative services		1,327,737	0	1,327,737	33,821.00	39.26
13.00	Contract Labor: Physician-Part A - Administrative		2,219,002	0	2,219,002	17,548.00	126.45
14.00	Home office salaries & wage-related costs		3,118,216	0	3,118,216	18,010.00	173.14
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		21,107,083	0	21,107,083		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,421,159	0	1,421,159		
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		57,087	0	57,087		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,401,493	-156,892	1,244,601	5,679.00	219.16
27.00	Administrative & General	5.00	9,519,956	373,218	9,893,174	360,754.00	27.42
28.00	Administrative & General under contract (see inst.)		3,666,254	0	3,666,254	37,976.00	96.54
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,950,780	-17,157	1,933,623	74,281.00	26.03
31.00	Laundry & Linen Service	8.00	57,045	-2,034	55,011	3,816.00	14.42
32.00	Housekeeping	9.00	1,535,661	-6,704	1,528,957	113,454.00	13.48
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,692,491	-1,165,928	526,563	37,779.00	13.94
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,162,766	1,162,766	83,423.00	13.94
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,983,137	-11,981	2,971,156	74,745.00	39.75
39.00	Central Services and Supply	14.00	11,697	0	11,697	817.00	14.32
40.00	Pharmacy	15.00	3,093,825	-16,942	3,076,883	80,757.00	38.10
41.00	Medical Records & Medical Records Library	16.00	1,323,951	-642,484	681,467	61,755.00	11.04

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150112

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

Worksheet S-3
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	502,159	5,684	507,843	14,356.00	35.37	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: 150112

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

Worksheet S-3
Part III
Date/Time Prepared:
6/1/2014 5:50 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	71,218,336	-273,284	70,945,052	2,608,530.00	27.20	1.00
2.00	Excluded area salaries (see instructions)	4,018,671	226,129	4,244,800	203,970.00	20.81	2.00
3.00	Subtotal salaries (line 1 minus line 2)	67,199,665	-499,413	66,700,252	2,404,560.00	27.74	3.00
4.00	Subtotal other wages & related costs (see inst.)	17,727,584	0	17,727,584	315,771.00	56.14	4.00
5.00	Subtotal wage-related costs (see inst.)	21,107,083	0	21,107,083	0.00	31.64	5.00
6.00	Total (sum of lines 3 thru 5)	106,034,332	-499,413	105,534,919	2,720,331.00	38.79	6.00
7.00	Total overhead cost (see instructions)	27,738,449	-478,454	27,259,995	949,592.00	28.71	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150112

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

Worksheet S-3
Part IV
Date/Time Prepared:
6/1/2014 5:50 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,069,637	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	3,285,210	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	8,035,656	8.00
9.00	Prescription Drug Plan	1,068,007	9.00
10.00	Dental, Hearing and Vision Plan	488,434	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	54,530	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)	646,524	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	773,517	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,986,993	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	93,717	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	63,272	22.00
23.00	Tuition Reimbursement	361,958	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,927,455	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150112

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

Worksheet S-3
Part V
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	10,835,789	2,626,840	1.00
2.00	Hospital	10,835,789	2,626,840	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	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 6/1/2014 5:50 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.418641		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		12,706,556		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		11,200,471		5.00	
6.00	Medicaid charges		55,262,889		6.00	
7.00	Medicaid cost (line 1 times line 6)		23,135,311		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		15,185,472	27,829,146	43,014,618	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		6,357,261	11,650,422	18,007,683	21.00
22.00	Partial payment by patients approved for charity care		60,583	10,488,213	10,548,796	22.00
23.00	Cost of charity care (line 21 minus line 22)		6,296,678	1,162,209	7,458,887	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		14,118,296			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		151,738			27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		13,966,558			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		5,846,974			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		13,305,861			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,305,861			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		18,023,776	18,023,776	-7,794,390	10,229,386	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	10,825,393	10,825,393	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,401,493	22,378,415	23,779,908	-1,856,262	21,923,646	4.00
5.01	00510	NONPATIENT TELEPHONES	246,739	297,479	544,218	0	544,218	5.01
5.02	00511	DATA PROCESSING	2,739,087	4,744,167	7,483,254	5,480	7,488,734	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	980,035	435,642	1,415,677	-25,384	1,390,293	5.03
5.04	00513	ADMINITTING	944,182	485,595	1,429,777	-2,692	1,427,085	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	1,345,974	1,525,705	2,871,679	631,293	3,502,972	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	3,263,939	29,224,779	32,488,718	-1,669,938	30,818,780	5.06
7.00	00700	OPERATION OF PLANT	1,950,780	5,562,149	7,512,929	-2,095,174	5,417,755	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	57,045	608,564	665,609	-2,034	663,575	8.00
9.00	00900	HOUSEKEEPING	1,535,661	432,128	1,967,789	-6,704	1,961,085	9.00
10.00	01000	DIETARY	1,692,491	1,063,416	2,755,907	-1,897,885	858,022	10.00
11.00	01100	CAFETERIA	0	0	0	1,894,723	1,894,723	11.00
13.00	01300	NURSING ADMINISTRATION	2,983,137	130,010	3,113,147	-11,981	3,101,166	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,697	796,329	808,026	509	808,535	14.00
15.00	01500	PHARMACY	3,093,825	589,920	3,683,745	13,110	3,696,855	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,323,951	689,352	2,013,303	-642,484	1,370,819	16.00
17.00	01700	SOCIAL SERVICE	502,159	4,422	506,581	8,721	515,302	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	142,554	3,379	145,933	0	145,933	23.01
23.02	02302	PHARMACY RESIDENCY PROG	153,088	6,978	160,066	0	160,066	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,500,371	1,292,564	14,792,935	-163,745	14,629,190	30.00
31.00	03100	INTENSIVE CARE UNIT	2,253,668	557,947	2,811,615	-214,339	2,597,276	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,228,265	81,035	1,309,300	155,564	1,464,864	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	634,384	12,970	647,354	-2,336	645,018	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	455,356	23,395,229	23,850,585	-11,118,452	12,732,133	50.00
51.00	05100	RECOVERY ROOM	-1,291	1,280,236	1,278,945	-16,122	1,262,823	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-2,886	231,251	228,365	59,250	287,615	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,647,684	283,062	1,930,746	65,622	1,996,368	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	330,065	870,576	1,200,641	-183,413	1,017,228	54.01
54.02	05404	ULTRA SOUND	484,447	12,599	497,046	94,076	591,122	54.02
54.03	05405	MAMMOGRAPHY	679,854	227,614	907,468	153,320	1,060,788	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,008,786	66,539	1,075,325	342,169	1,417,494	55.00
57.00	05700	CT SCAN	550,449	158,431	708,880	60,374	769,254	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	248,210	67,778	315,988	97,063	413,051	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,389,282	2,802,632	4,191,914	-2,103,436	2,088,478	59.00
60.00	06000	LABORATORY	3,384,598	3,390,350	6,774,948	53,681	6,828,629	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	346,551	242,918	589,469	179,609	769,078	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	766,813	766,813	83,057	849,870	62.00
65.00	06500	RESPIRATORY THERAPY	1,735,585	310,180	2,045,765	24,158	2,069,923	65.00
66.00	06600	PHYSICAL THERAPY	3,291,534	526,690	3,818,224	-319,707	3,498,517	66.00
67.00	06700	OCCUPATIONAL THERAPY	580,256	20,648	600,904	482,606	1,083,510	67.00
68.00	06800	SPEECH PATHOLOGY	504,995	165,430	670,425	-76,757	593,668	68.00
69.00	06900	ELECTROCARDIOLOGY	426,002	269,579	695,581	-71,023	624,558	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	509,198	79,850	589,048	21,509	610,557	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,032,171	7,032,171	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,253,908	7,253,908	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,002,332	11,002,332	0	11,002,332	73.00
74.00	07400	RENAL DIALYSIS	0	394,371	394,371	0	394,371	74.00
76.00	03021	CARDIAC REHABILITATION	91,537	6,953	98,490	1,245	99,735	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	534,443	73,154	607,597	365,000	972,597	90.00
90.01	09001	DIABETES CENTER	64,269	129,850	194,119	0	194,119	90.01
90.02	09002	NEUROPSYCH	233,338	6,654	239,992	-397	239,595	90.02
90.03	09003	WOUND CENTER	297,742	936,623	1,234,365	-132,765	1,101,600	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	211,981	211,981	90.04
91.00	09100	EMERGENCY	4,453,300	533,341	4,986,641	385,567	5,372,208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,318,656	381,723	2,700,379	28,652	2,729,031	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		2,108,811	2,108,811	-2,108,811	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	67,546,485	139,688,938	207,235,423	-1,986,420	205,249,003	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	423,926	423,926	194.00
194.01	07951	BUILDING RENTALS	0	149,745	149,745	-93,762	55,983	194.01
194.02	07952	HOSPICE	0	57,231	57,231	0	57,231	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	156,229	156,229	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	1,592,702	1,592,702	194.05
194.06	07956	CRH FOUNDATION	0	4,250	4,250	11,881	16,131	194.06
194.07	07957	HEALTHY COMMUNITIES	176,108	81,735	257,843	-104,556	153,287	194.07
200.00		TOTAL (SUM OF LINES 118-199)	67,722,593	139,981,899	207,704,492	0	207,704,492	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	466,174	10,695,560	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-537,552	10,287,841	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-60,405	21,863,241	4.00
5.01	00510	NONPATIENT TELEPHONES	-96,179	448,039	5.01
5.02	00511	DATA PROCESSING	-27,720	7,461,014	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	-5,938	1,384,355	5.03
5.04	00513	ADMINITTING	0	1,427,085	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	-10	3,502,962	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-9,345,777	21,473,003	5.06
7.00	00700	OPERATION OF PLANT	-35,210	5,382,545	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	663,575	8.00
9.00	00900	HOUSEKEEPING	-110	1,960,975	9.00
10.00	01000	DIETARY	-6,477	851,545	10.00
11.00	01100	CAFETERIA	-1,071,228	823,495	11.00
13.00	01300	NURSING ADMINISTRATION	-59,784	3,041,382	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	808,535	14.00
15.00	01500	PHARMACY	-55,102	3,641,753	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-51,915	1,318,904	16.00
17.00	01700	SOCIAL SERVICE	-152	515,150	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	XRAY EDUCATION	-20,240	125,693	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	160,066	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-138,691	14,490,499	30.00
31.00	03100	INTENSIVE CARE UNIT	-6,317	2,590,959	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	1,464,864	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	645,018	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-146,619	12,585,514	50.00
51.00	05100	RECOVERY ROOM	0	1,262,823	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-29,205	258,410	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-11,699	1,984,669	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	1,017,228	54.01
54.02	05404	ULTRA SOUND	0	591,122	54.02
54.03	05405	MAMMOGRAPHY	-881	1,059,907	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-110,002	1,307,492	55.00
57.00	05700	CT SCAN	0	769,254	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	413,051	58.00
59.00	05900	CARDIAC CATHETERIZATION	-58,679	2,029,799	59.00
60.00	06000	LABORATORY	-15,449	6,813,180	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	-672	768,406	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	849,870	62.00
65.00	06500	RESPIRATORY THERAPY	-39,586	2,030,337	65.00
66.00	06600	PHYSICAL THERAPY	-14,162	3,484,355	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,083,510	67.00
68.00	06800	SPEECH PATHOLOGY	-704	592,964	68.00
69.00	06900	ELECTROCARDIOLOGY	-26,472	598,086	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,460	609,097	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,032,171	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,253,908	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,002,332	73.00
74.00	07400	RENAL DIALYSIS	0	394,371	74.00
76.00	03021	CARDIAC REHABILITATION	-1,862	97,873	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-291,825	680,772	90.00
90.01	09001	DIABETES CENTER	-1,175	192,944	90.01
90.02	09002	NEUROPSYCH	-170,511	69,084	90.02
90.03	09003	WOUND CENTER	-928	1,100,672	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	-128	211,853	90.04
91.00	09100	EMERGENCY	0	5,372,208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-712,404	2,016,627	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-12,687,056	192,561,947	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	423,926	194.00
194.01	07951	BUILDING RENTALS	0	55,983	194.01
194.02	07952	HOSPICE	0	57,231	194.02
194.03	07953	OUTREACH CLINICS	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	156,229	194.04
194.05	07955	NONALLOWABLE MARKETING	0	1,592,702	194.05
194.06	07956	CRH FOUNDATION	0	16,131	194.06
194.07	07957	HEALTHY COMMUNITIES	0	153,287	194.07
200.00		TOTAL (SUM OF LINES 118-199)	-12,687,056	195,017,436	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150112

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

Worksheet Non-CMS W
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 NONPATIENT TELEPHONES	00510		5.01
5.02 DATA PROCESSING	00511		5.02
5.03 PURCHASING RECEIVING AND STORES	00512		5.03
5.04 ADMINITTING	00513		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00514		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	00560		5.06
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
23.00 PARAMED ED PRGM-(SPECIFY)	02300		23.00
23.01 XRAY EDUCATION	02301		23.01
23.02 PHARMACY RESIDENCY PROG	02302		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
32.00 CORONARY CARE UNIT	03200		32.00
33.00 BURN INTENSIVE CARE UNIT	03300		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00 SUBPROVIDER - I PF	04000		40.00
41.00 SUBPROVIDER - I RF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	05402		54.01
54.02 ULTRASOUND	05404		54.02
54.03 MAMMOGRAPHY	05405		54.03
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 LABORATORY-PATHOLOGICAL	06001		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
76.00 CARDIAC REHABILITATION	03021		76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	08800		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00
90.01 DIABETES CENTER	09001		90.01
90.02 NEUROPSYCH	09002		90.02
90.03 WOUND CENTER	09003		90.03
90.04 HYPERBARIC OXYGEN THERAPY	09004		90.04
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150112

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

Worksheet Non-CMS W
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00
99.10	CORF	09910		99.10
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
194.00	WELLNESS COMMUNITY	07950		194.00
194.01	BUILDING RENTALS	07951		194.01
194.02	HOSPICE	07952		194.02
194.03	OUTREACH CLINICS	07953		194.03
194.04	SPEECH - HEARING AIDS	07954		194.04
194.05	NONALLOWABLE MARKETING	07955		194.05
194.06	CRH FOUNDATION	07956		194.06
194.07	HEALTHY COMMUNITIES	07957		194.07
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6
Date/Time Prepared:
6/1/2014 5:50 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
B - RECLASS DEPREC BLDG/EQUIP						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1,397,556	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	711,255	2.00	
	TOTALS		0	2,108,811		
C - RECLASS INSURANCE						
1.00	OCCUPATIONAL THERAPY	67.00	0	1,207	1.00	
2.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	922,192	2.00	
3.00	AMBULANCE SERVICES	95.00	0	32,134	3.00	
4.00	LABORATORY	60.00	0	2,999	4.00	
	TOTALS		0	958,532		
D - RECLASS BILLING COST						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	635,724	0	1.00	
	TOTALS		635,724	0		
E - RECLASS HYPERBARIC THERAPY EXPENSE						
1.00	HYPERBARIC OXYGEN THERAPY	90.04	0	180,318	1.00	
	TOTALS		0	180,318		
F - RECLASS CAFETERIA EXPENSE						
1.00	CAFETERIA	11.00	1,164,942	731,957	1.00	
	TOTALS		1,164,942	731,957		
G - RECLASS WELLNESS						
1.00	WELLNESS COMMUNITY	194.00	156,892	284,712	1.00	
	TOTALS		156,892	284,712		
H - RECLASS PHYSICIAN FEES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,364,898	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	291,839	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	35,900	3.00	
4.00	SUBPROVIDER - IRF	41.00	0	50,000	4.00	
5.00	OPERATING ROOM	50.00	0	6,250	5.00	
6.00	ANESTHESIOLOGY	53.00	0	59,250	6.00	
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	150,000	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	101,529	8.00	
9.00	LABORATORY-PATHOLOGICAL	60.01	0	150,000	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	89,000	10.00	
11.00	PHYSICAL THERAPY	66.00	0	24,050	11.00	
12.00	ELECTROCARDIOLOGY	69.00	0	46,991	12.00	
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,300	13.00	
14.00	CARDIAC REHABILITATION	76.00	0	3,098	14.00	
15.00	CLINIC	90.00	0	365,000	15.00	
16.00	EMERGENCY	91.00	0	384,900	16.00	
17.00	AMBULANCE SERVICES	95.00	0	14,900	17.00	
18.00	WOUND CENTER	90.03	0	5,460	18.00	
19.00	HYPERBARIC OXYGEN THERAPY	90.04	0	540	19.00	
	TOTALS		0	3,151,905		
I - RECLASS REHAB SERVICES						
1.00	OCCUPATIONAL THERAPY	67.00	28,142	26,337	1.00	
2.00	PHYSICAL THERAPY	66.00	66,889	29,065	2.00	
3.00	SPEECH PATHOLOGY	68.00	16,417	61,915	3.00	
4.00	SUBPROVIDER - IRF	41.00	125,280	11,252	4.00	
5.00	ELECTROENCEPHALOGRAPHY	70.00	9,343	3,866	5.00	
6.00	SOCIAL SERVICE	17.00	8,614	3,037	6.00	
7.00	ADULTS & PEDIATRICS	30.00	20,856	8,629	7.00	
8.00	ADULTS & PEDIATRICS	30.00	3,170	1,312	8.00	
9.00	WOUND CENTER	90.03	14,023	53,506	9.00	
10.00	HYPERBARIC OXYGEN THERAPY	90.04	1,168	29,955	10.00	
	TOTALS		293,902	228,874		
J - RECLASS PROPERTY TAXES						
1.00	OPERATION OF PLANT	7.00	0	93,762	1.00	
	TOTALS		0	93,762		
K - RECLASS PENSION EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,697,608	1.00	
	TOTALS		0	1,697,608		
L - RECLASS MARKETING EXPENSE						
1.00	NONALLOWABLE MARKETING	194.05	0	130,000	1.00	
	TOTALS		0	130,000		
M - RECLASS DEPRECIATION EXPENSE						
1.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	10,114,138	1.00	
	TOTALS		0	10,114,138		

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6
Date/Time Prepared:
6/1/2014 5:50 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
N - RECLASS MAINTENANCE EXPENSE						
1.00	RESPIRATORY THERAPY	65.00	0	18,323	1.00	
2.00	SPEECH PATHOLOGY	68.00	0	1,140	2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	374,093	3.00	
4.00	ELECTROCARDIOLOGY	69.00	0	5,068	4.00	
5.00	OPERATING ROOM	50.00	0	379,546	5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	205,490	6.00	
7.00	LABORATORY	60.00	0	167,054	7.00	
8.00	LABORATORY-PATHOLOGICAL	60.01	0	11,770	8.00	
9.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	9,820	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	142,508	10.00	
11.00	MAMMOGRAPHY	54.03	0	156,142	11.00	
12.00	ULTRA SOUND	54.02	0	95,091	12.00	
13.00	CT SCAN	57.00	0	150,736	13.00	
14.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	242,891	14.00	
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	152,364	15.00	
16.00	PHARMACY	15.00	0	30,052	16.00	
17.00	EMERGENCY	91.00	0	24,211	17.00	
18.00	DATA PROCESSING	5.02	0	5,480	18.00	
	TOTALS		0	2,171,779		
O - RECLASS EMPLOYEE BENEFIT EXPENSE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	60,860	1.00	
	TOTALS		0	60,860		
P - RECLASS TEMP SERV FOR HISTOLOGIST						
1.00	LABORATORY-PATHOLOGICAL	60.01	0	19,166	1.00	
	TOTALS		0	19,166		
R - RECLASS ADMIN HEALTHY COMM SALARY						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	43,696	0	1.00	
	TOTALS		43,696	0		
S - RECLASS NON ALLOW ADVERTISING COSTS						
1.00	NONALLOWABLE MARKETING	194.05	0	1,462,702	1.00	
	TOTALS		0	1,462,702		
T - RECL EQUIP RENTAL TO CHARGEABLE SUPP						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	24,757	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	198,924	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	133,228	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	18,057	4.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,291	5.00	
	TOTALS		0	388,257		
U - RECLASS CHARGEABLE SUPPLY COST						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	223,164	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	102,601	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,572	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,472,410	4.00	
5.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	5,615,204	5.00	
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	17,235	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	62,061	7.00	
8.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	426,304	8.00	
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,456	9.00	
10.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	90,362	10.00	
11.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	55,301	11.00	
12.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	934,544	12.00	
13.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	1,638,704	13.00	

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6
Date/Time Prepared:
6/1/2014 5:50 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	63,791	14.00	
15.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,224	15.00	
16.00	SPEECH - HEARING AIDS	194.04	0	156,229	16.00	
17.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	119,633	17.00	
18.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,463	18.00	
19.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	15,419	19.00	
20.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,374	20.00	
	TOTALS		0	14,054,051		
V - RECL PTO COST FOR STD ELIMINATION PD						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	627	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,692	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,431	3.00	
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,550	4.00	
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,157	5.00	
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,034	6.00	
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,704	7.00	
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	986	8.00	
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,176	9.00	
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,981	10.00	
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	16,942	11.00	
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,760	12.00	
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,930	13.00	
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	67,463	14.00	
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,410	15.00	
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,339	16.00	
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,336	17.00	
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,825	18.00	
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,015	19.00	
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,822	20.00	
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,865	21.00	
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,810	22.00	
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,969	23.00	
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,327	24.00	
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,083	25.00	
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,412	26.00	
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,833	27.00	
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,449	28.00	
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,853	29.00	
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	397	30.00	
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,973	31.00	
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,125	32.00	
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,008	33.00	
	TOTALS		0	273,284		
W - RECLASS BENEFIT EXPENSE						
1.00	OPERATING ROOM	50.00	0	7,514	1.00	
2.00	RECOVERY ROOM	51.00	0	1,113	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	509	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	30,177	4.00	
5.00	CRH FOUNDATION	194.06	0	11,881	5.00	
	TOTALS		0	51,194		
X - RECLASS OT SALARIES AND OTHER EXP						
1.00	OCCUPATIONAL THERAPY	67.00	335,796	94,070	1.00	
	TOTALS		335,796	94,070		
Y - RECL MILLRACE FOR WELLNESS/OP/PT						
1.00	OCCUPATIONAL THERAPY	67.00	0	2,028	1.00	
2.00	PHYSICAL THERAPY	66.00	0	11,803	2.00	
3.00	OCCUPATIONAL THERAPY	67.00	0	859	3.00	
4.00	PHYSICAL THERAPY	66.00	0	2,988	4.00	
	TOTALS		0	17,678		
Z - RECLASS LAB BLOOD SUPERVISOR						
1.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	73,237	0	1.00	
	TOTALS		73,237	0		
500.00	Grand Total : Increases		2,704,189	38,273,658	500.00	

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6
Date/Time Prepared:
6/1/2014 5:50 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - RECLASS DEPREC BLDG/EQUIP							
1.00	INTEREST EXPENSE	113.00	0	1,397,556	11		1.00
2.00	INTEREST EXPENSE	113.00	0	711,255	11		2.00
	TOTALS		0	2,108,811			
C - RECLASS INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,207	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	922,192	12		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	32,134	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,999	0		4.00
	TOTALS		0	958,532			
D - RECLASS BILLING COST							
1.00	MEDICAL RECORDS & LIBRARY	16.00	635,724	0	0		1.00
	TOTALS		635,724	0			
E - RECLASS HYPERBARIC THERAPY EXPENSE							
1.00	WOUND CENTER	90.03	0	180,318	0		1.00
	TOTALS		0	180,318			
F - RECLASS CAFETERIA EXPENSE							
1.00	DIETARY	10.00	1,164,942	731,957	0		1.00
	TOTALS		1,164,942	731,957			
G - RECLASS WELLNESS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	156,892	284,712	0		1.00
	TOTALS		156,892	284,712			
H - RECLASS PHYSICIAN FEES							
1.00	OPERATING ROOM	50.00	0	1,364,898	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	291,839	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35,900	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	50,000	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,250	0		5.00
6.00	OPERATING ROOM	50.00	0	59,250	0		6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	150,000	0		7.00
8.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	101,529	0		8.00
9.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	150,000	0		9.00
10.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	89,000	0		10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	24,050	0		11.00
12.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	46,991	0		12.00
13.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,300	0		13.00
14.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,098	0		14.00
15.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	365,000	0		15.00
16.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	384,900	0		16.00
17.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	14,900	0		17.00
18.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,460	0		18.00
19.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	540	0		19.00
	TOTALS		0	3,151,905			
I - RECLASS REHAB SERVICES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	28,142	26,337	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	66,889	29,065	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	16,417	61,915	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	125,280	11,252	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	9,343	3,866	0		5.00

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6
Date/Time Prepared:
6/1/2014 5:50 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
6.00	OTHER ADMINSTRATIVE AND GENERAL	5.06	8,614	3,037	0		6.00
7.00	OTHER ADMINSTRATIVE AND GENERAL	5.06	20,856	8,629	0		7.00
8.00	OTHER ADMINSTRATIVE AND GENERAL	5.06	3,170	1,312	0		8.00
9.00	OTHER ADMINSTRATIVE AND GENERAL	5.06	14,023	53,506	0		9.00
10.00	OTHER ADMINSTRATIVE AND GENERAL	5.06	1,168	29,955	0		10.00
	TOTALS		293,902	228,874			
J - RECLASS PROPERTY TAXES							
1.00	BUILDING RENTALS	194.01	0	93,762	0		1.00
	TOTALS		0	93,762			
K - RECLASS PENSION EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,697,608	0		1.00
	TOTALS		0	1,697,608			
L - RECLASS MARKETING EXPENSE							
1.00	OTHER ADMINSTRATIVE AND GENERAL	5.06	0	130,000	0		1.00
	TOTALS		0	130,000			
M - RECLASS DEPRECIATION EXPENSE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	10,114,138	9		1.00
	TOTALS		0	10,114,138			
N - RECLASS MAINTENANCE EXPENSE							
1.00	OPERATION OF PLANT	7.00	0	18,323	0		1.00
2.00	OPERATION OF PLANT	7.00	0	1,140	0		2.00
3.00	OPERATION OF PLANT	7.00	0	374,093	0		3.00
4.00	OPERATION OF PLANT	7.00	0	5,068	0		4.00
5.00	OPERATION OF PLANT	7.00	0	379,546	0		5.00
6.00	OPERATION OF PLANT	7.00	0	205,490	0		6.00
7.00	OPERATION OF PLANT	7.00	0	167,054	0		7.00
8.00	OPERATION OF PLANT	7.00	0	11,770	0		8.00
9.00	OPERATION OF PLANT	7.00	0	9,820	0		9.00
10.00	OPERATION OF PLANT	7.00	0	142,508	0		10.00
11.00	OPERATION OF PLANT	7.00	0	156,142	0		11.00
12.00	OPERATION OF PLANT	7.00	0	95,091	0		12.00
13.00	OPERATION OF PLANT	7.00	0	150,736	0		13.00
14.00	OPERATION OF PLANT	7.00	0	242,891	0		14.00
15.00	OPERATION OF PLANT	7.00	0	152,364	0		15.00
16.00	OPERATION OF PLANT	7.00	0	30,052	0		16.00
17.00	OPERATION OF PLANT	7.00	0	24,211	0		17.00
18.00	OPERATION OF PLANT	7.00	0	5,480	0		18.00
	TOTALS		0	2,171,779			
O - RECLASS EMPLOYEE BENEFIT EXPENSE							
1.00	HEALTHY COMMUNITIES	194.07	0	60,860	0		1.00
	TOTALS		0	60,860			
P - RECLASS TEMP SERV FOR HISTOLOGIST							
1.00	LABORATORY	60.00	0	19,166	0		1.00
	TOTALS		0	19,166			
R - RECLASS ADMIN HEALTHY COMM SALARY							
1.00	HEALTHY COMMUNITIES	194.07	43,696	0	0		1.00
	TOTALS		43,696	0			
S - RECLASS NON ALLOW ADVERTISING COSTS							
1.00	OTHER ADMINSTRATIVE AND GENERAL	5.06	0	1,462,702	0		1.00
	TOTALS		0	1,462,702			
T - RECL EQUIP RENTAL TO CHARGEABLE SUPP							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	24,757	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	198,924	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	133,228	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	18,057	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	13,291	0		5.00
	TOTALS		0	388,257			
U - RECLASS CHARGEABLE SUPPLY COST							
1.00	ADULTS & PEDIATRICS	30.00	0	223,164	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	102,601	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	6,572	0		3.00
4.00	OPERATING ROOM	50.00	0	4,472,410	0		4.00
5.00	OPERATING ROOM	50.00	0	5,615,204	0		5.00
6.00	RECOVERY ROOM	51.00	0	17,235	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	62,061	0		7.00

RECLASSIFICATIONS

Provider CCN: 150112

Period:
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To 12/31/2013

Worksheet A-6
Date/Time Prepared:
6/1/2014 5:50 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
8.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	426,304	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,456	0		9.00
10.00	CT SCAN	57.00	0	90,362	0		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	55,301	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	934,544	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	1,638,704	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	63,791	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	11,224	0		15.00
16.00	SPEECH PATHOLOGY	68.00	0	156,229	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	119,633	0		17.00
18.00	WOUND CENTER	90.03	0	22,463	0		18.00
19.00	EMERGENCY	91.00	0	15,419	0		19.00
20.00	AMBULANCE SERVICES	95.00	0	12,374	0		20.00
	TOTALS		0	14,054,051			
V - RECL PTO COST FOR STD ELIMINATION PD							
1.00	PURCHASING RECEIVING AND STORES	5.03	627	0	0		1.00
2.00	ADMINISTRATIVE	5.04	2,692	0	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	4,431	0	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	4,550	0	0		4.00
5.00	OPERATION OF PLANT	7.00	17,157	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	2,034	0	0		6.00
7.00	HOUSEKEEPING	9.00	6,704	0	0		7.00
8.00	DIETARY	10.00	986	0	0		8.00
9.00	CAFETERIA	11.00	2,176	0	0		9.00
10.00	NURSING ADMINISTRATION	13.00	11,981	0	0		10.00
11.00	PHARMACY	15.00	16,942	0	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	6,760	0	0		12.00
13.00	SOCIAL SERVICE	17.00	2,930	0	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	67,463	0	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	14,410	0	0		15.00
16.00	SUBPROVIDER - IRF	41.00	6,339	0	0		16.00
17.00	NURSERY	43.00	2,336	0	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	14,825	0	0		18.00
19.00	ULTRA SOUND	54.02	1,015	0	0		19.00
20.00	MAMMOGRAPHY	54.03	2,822	0	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	4,865	0	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	5,810	0	0		22.00
23.00	LABORATORY	60.00	23,969	0	0		23.00
24.00	LABORATORY-PATHOLOGICAL	60.01	1,327	0	0		24.00
25.00	RESPIRATORY THERAPY	65.00	6,083	0	0		25.00
26.00	PHYSICAL THERAPY	66.00	13,412	0	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	5,833	0	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	3,449	0	0		28.00
29.00	CARDIAC REHABILITATION	76.00	1,853	0	0		29.00
30.00	NEUROPSYCH	90.02	397	0	0		30.00
31.00	WOUND CENTER	90.03	2,973	0	0		31.00
32.00	EMERGENCY	91.00	8,125	0	0		32.00
33.00	AMBULANCE SERVICES	95.00	6,008	0	0		33.00
	TOTALS		273,284	0			
W - RECLASS BENEFIT EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,514	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,113	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	509	0		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	30,177	0		4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,881	0		5.00
	TOTALS		0	51,194			
X - RECLASS OT SALARIES AND OTHER EXP							
1.00	PHYSICAL THERAPY	66.00	335,796	94,070	0		1.00
	TOTALS		335,796	94,070			
Y - RECL MILLRACE FOR WELLNESS/OP/PT							
1.00	WELLNESS COMMUNITY	194.00	0	2,028	0		1.00
2.00	WELLNESS COMMUNITY	194.00	0	11,803	0		2.00
3.00	WELLNESS COMMUNITY	194.00	0	859	0		3.00
4.00	WELLNESS COMMUNITY	194.00	0	2,988	0		4.00
	TOTALS		0	17,678			
Z - RECLASS LAB BLOOD SUPERVISOR							
1.00	LABORATORY	60.00	73,237	0	0		1.00
	TOTALS		73,237	0			
500.00	Grand Total: Decreases		2,977,473	38,000,374			500.00

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
B - RECLASS DEPREC BLDG/EQUIP						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	INTEREST EXPENSE	113.00	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	INTEREST EXPENSE	113.00	0 2.00
	TOTALS		0	TOTALS		0
C - RECLASS INSURANCE						
1.00	OCCUPATIONAL THERAPY	67.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 1.00
2.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 2.00
3.00	AMBULANCE SERVICES	95.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 3.00
4.00	LABORATORY	60.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 4.00
	TOTALS		0	TOTALS		0
D - RECLASS BILLING COST						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	635,724	MEDICAL RECORDS & LIBRARY	16.00	635,724 1.00
	TOTALS		635,724	TOTALS		635,724
E - RECLASS HYPERBARIC THERAPY EXPENSE						
1.00	HYPERBARIC OXYGEN THERAPY	90.04	0	WOUND CENTER	90.03	0 1.00
	TOTALS		0	TOTALS		0
F - RECLASS CAFETERIA EXPENSE						
1.00	CAFETERIA	11.00	1,164,942	DIETARY	10.00	1,164,942 1.00
	TOTALS		1,164,942	TOTALS		1,164,942
G - RECLASS WELLNESS						
1.00	WELLNESS COMMUNITY	194.00	156,892	EMPLOYEE BENEFITS DEPARTMENT	4.00	156,892 1.00
	TOTALS		156,892	TOTALS		156,892
H - RECLASS PHYSICIAN FEES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	OPERATING ROOM	50.00	0 1.00
2.00	ADULTS & PEDIATRICS	30.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 2.00
3.00	INTENSIVE CARE UNIT	31.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 3.00
4.00	SUBPROVIDER - IRF	41.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 4.00
5.00	OPERATING ROOM	50.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 5.00
6.00	ANESTHESIOLOGY	53.00	0	OPERATING ROOM	50.00	0 6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 8.00
9.00	LABORATORY-PATHOLOGICAL	60.01	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 9.00
10.00	RESPIRATORY THERAPY	65.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 10.00
11.00	PHYSICAL THERAPY	66.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 11.00
12.00	ELECTROCARDIOLOGY	69.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 13.00
14.00	CARDIAC REHABILITATION	76.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 14.00
15.00	CLINIC	90.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 15.00
16.00	EMERGENCY	91.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 16.00
17.00	AMBULANCE SERVICES	95.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 17.00
18.00	WOUND CENTER	90.03	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 18.00
19.00	HYPERBARIC OXYGEN THERAPY	90.04	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 19.00
	TOTALS		0	TOTALS		0
I - RECLASS REHAB SERVICES						
1.00	OCCUPATIONAL THERAPY	67.00	28,142	OTHER ADMINISTRATIVE AND GENERAL	5.06	28,142 1.00
2.00	PHYSICAL THERAPY	66.00	66,889	OTHER ADMINISTRATIVE AND GENERAL	5.06	66,889 2.00
3.00	SPEECH PATHOLOGY	68.00	16,417	OTHER ADMINISTRATIVE AND GENERAL	5.06	16,417 3.00

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
6/1/2014 5:50 pm

Increases				Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
4.00	SUBPROVIDER - IRF	41.00	125,280	OTHER ADMINISTRATIVE AND GENERAL	5.06	125,280	4.00
5.00	ELECTROENCEPHALOGRAPHY	70.00	9,343	OTHER ADMINISTRATIVE AND GENERAL	5.06	9,343	5.00
6.00	SOCIAL SERVICE	17.00	8,614	OTHER ADMINISTRATIVE AND GENERAL	5.06	8,614	6.00
7.00	ADULTS & PEDIATRICS	30.00	20,856	OTHER ADMINISTRATIVE AND GENERAL	5.06	20,856	7.00
8.00	ADULTS & PEDIATRICS	30.00	3,170	OTHER ADMINISTRATIVE AND GENERAL	5.06	3,170	8.00
9.00	WOUND CENTER	90.03	14,023	OTHER ADMINISTRATIVE AND GENERAL	5.06	14,023	9.00
10.00	HYPERBARIC OXYGEN THERAPY	90.04	1,168	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,168	10.00
	TOTALS		293,902	TOTALS		293,902	
J - RECLASS PROPERTY TAXES							
1.00	OPERATION OF PLANT	7.00		BUILDING RENTALS	194.01		1.00
	TOTALS			TOTALS			
K - RECLASS PENSION EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06		EMPLOYEE BENEFITS DEPARTMENT	4.00		1.00
	TOTALS			TOTALS			
L - RECLASS MARKETING EXPENSE							
1.00	NONALLOWABLE MARKETING	194.05		OTHER ADMINISTRATIVE AND GENERAL	5.06		1.00
	TOTALS			TOTALS			
M - RECLASS DEPRECIATION EXPENSE							
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		NEW CAP REL COSTS-BLDG & FIXT	1.00		1.00
	TOTALS			TOTALS			
N - RECLASS MAINTENANCE EXPENSE							
1.00	RESPIRATORY THERAPY	65.00		OPERATION OF PLANT	7.00		1.00
2.00	SPEECH PATHOLOGY	68.00		OPERATION OF PLANT	7.00		2.00
3.00	CARDIAC CATHETERIZATION	59.00		OPERATION OF PLANT	7.00		3.00
4.00	ELECTROCARDIOLOGY	69.00		OPERATION OF PLANT	7.00		4.00
5.00	OPERATING ROOM	50.00		OPERATION OF PLANT	7.00		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00		OPERATION OF PLANT	7.00		6.00
7.00	LABORATORY	60.00		OPERATION OF PLANT	7.00		7.00
8.00	LABORATORY-PATHOLOGICAL	60.01		OPERATION OF PLANT	7.00		8.00
9.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00		OPERATION OF PLANT	7.00		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		OPERATION OF PLANT	7.00		10.00
11.00	MAMMOGRAPHY	54.03		OPERATION OF PLANT	7.00		11.00
12.00	ULTRA SOUND	54.02		OPERATION OF PLANT	7.00		12.00
13.00	CT SCAN	57.00		OPERATION OF PLANT	7.00		13.00
14.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01		OPERATION OF PLANT	7.00		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		OPERATION OF PLANT	7.00		15.00
16.00	PHARMACY	15.00		OPERATION OF PLANT	7.00		16.00
17.00	EMERGENCY	91.00		OPERATION OF PLANT	7.00		17.00
18.00	DATA PROCESSING	5.02		OPERATION OF PLANT	7.00		18.00
	TOTALS			TOTALS			
O - RECLASS EMPLOYEE BENEFIT EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		HEALTHY COMMUNITIES	194.07		1.00
	TOTALS			TOTALS			
P - RECLASS TEMP SERV FOR HISTOLOGIST							
1.00	LABORATORY-PATHOLOGICAL	60.01		LABORATORY	60.00		1.00
	TOTALS			TOTALS			
R - RECLASS ADMIN HEALTHY COMM SALARY							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	43,696	HEALTHY COMMUNITIES	194.07	43,696	1.00
	TOTALS		43,696	TOTALS		43,696	
S - RECLASS NON ALLOW ADVERTISING COSTS							
1.00	NONALLOWABLE MARKETING	194.05		OTHER ADMINISTRATIVE AND GENERAL	5.06		1.00
	TOTALS			TOTALS			
T - RECL EQUIP RENTAL TO CHARGEABLE SUPP							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		PURCHASING RECEIVING AND STORES	5.03		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		ADULTS & PEDIATRICS	30.00		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		INTENSIVE CARE UNIT	31.00		3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		SUBPROVIDER - IRF	41.00		4.00

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
6/1/2014 5:50 pm

Increases				Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		RESPIRATORY THERAPY	65.00		5.00
	TOTALS			TOTALS			0
U - RECLASS CHARGEABLE SUPPLY COST							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		ADULTS & PEDIATRICS	30.00		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		INTENSIVE CARE UNIT	31.00		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		SUBPROVIDER - IRF	41.00		3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		OPERATING ROOM	50.00		4.00
5.00	IMPL. DEV. CHARGED TO PATIENT	72.00		OPERATING ROOM	50.00		5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		RECOVERY ROOM	51.00		6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		RADIOLOGY-DIAGNOSTIC	54.00		7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		NUCLEAR MEDICINE-DIAGNOSTIC	54.01		8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		RADIOLOGY-THERAPEUTIC	55.00		9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		CT SCAN	57.00		10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		MAGNETIC RESONANCE IMAGING (MRI)	58.00		11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		CARDIAC CATHETERIZATION	59.00		12.00
13.00	IMPL. DEV. CHARGED TO PATIENT	72.00		CARDIAC CATHETERIZATION	59.00		13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		RESPIRATORY THERAPY	65.00		14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		PHYSICAL THERAPY	66.00		15.00
16.00	SPEECH - HEARING AIDS	194.04		SPEECH PATHOLOGY	68.00		16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		ELECTROCARDIOLOGY	69.00		17.00
18.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		WOUND CENTER	90.03		18.00
19.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		EMERGENCY	91.00		19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		AMBULANCE SERVICES	95.00		20.00
	TOTALS			TOTALS			0
V - RECL PTO COST FOR STD ELIMINATION PD							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		PURCHASING RECEIVING AND STORES	5.03	627	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		ADMINING	5.04	2,692	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		CASHIERING/ACCOUNTS RECEIVABLE	5.05	4,431	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		OTHER ADMINISTRATIVE AND GENERAL	5.06	4,550	4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		OPERATION OF PLANT	7.00	17,157	5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		LAUNDRY & LINEN SERVICE	8.00	2,034	6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		HOUSEKEEPING	9.00	6,704	7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		DIETARY	10.00	986	8.00
9.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		CAFETERIA	11.00	2,176	9.00
10.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		NURSING ADMINISTRATION	13.00	11,981	10.00
11.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		PHARMACY	15.00	16,942	11.00
12.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		MEDICAL RECORDS & LIBRARY	16.00	6,760	12.00
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		SOCIAL SERVICE	17.00	2,930	13.00
14.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		ADULTS & PEDIATRICS	30.00	67,463	14.00
15.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		INTENSIVE CARE UNIT	31.00	14,410	15.00
16.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		SUBPROVIDER - IRF	41.00	6,339	16.00
17.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		NURSERY	43.00	2,336	17.00
18.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		RADIOLOGY-DIAGNOSTIC	54.00	14,825	18.00
19.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		ULTRA SOUND	54.02	1,015	19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		MAMMOGRAPHY	54.03	2,822	20.00
21.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		RADIOLOGY-THERAPEUTIC	55.00	4,865	21.00
22.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		CARDIAC CATHETERIZATION	59.00	5,810	22.00
23.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		LABORATORY	60.00	23,969	23.00
24.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		LABORATORY-PATHOLOGICAL	60.01	1,327	24.00
25.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		RESPIRATORY THERAPY	65.00	6,083	25.00
26.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		PHYSICAL THERAPY	66.00	13,412	26.00
27.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		OCCUPATIONAL THERAPY	67.00	5,833	27.00

Provider CCN: 150112

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
6/1/2014 5:50 pm

Increases				Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
28.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		ELECTROCARDIOLOGY	69.00	3,449	28.00
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		CARDIAC REHABILITATION	76.00	1,853	29.00
30.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		NEUROPSYCH	90.02	397	30.00
31.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		WOUND CENTER	90.03	2,973	31.00
32.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		EMERGENCY	91.00	8,125	32.00
33.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		AMBULANCE SERVICES	95.00	6,008	33.00
	TOTALS			TOTALS		273,284	
W - RECLASS BENEFIT EXPENSE							
1.00	OPERATING ROOM	50.00		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00	RECOVERY ROOM	51.00		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4.00
5.00	CRH FOUNDATION	194.06		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5.00
	TOTALS			TOTALS		0	
X - RECLASS OT SALARIES AND OTHER EXP							
1.00	OCCUPATIONAL THERAPY	67.00	335,796	PHYSICAL THERAPY	66.00	335,796	1.00
	TOTALS		335,796	TOTALS		335,796	
Y - RECLASS RACE FOR WELLNESS/OP/PT							
1.00	OCCUPATIONAL THERAPY	67.00		WELLNESS COMMUNITY	194.00	0	1.00
2.00	PHYSICAL THERAPY	66.00		WELLNESS COMMUNITY	194.00	0	2.00
3.00	OCCUPATIONAL THERAPY	67.00		WELLNESS COMMUNITY	194.00	0	3.00
4.00	PHYSICAL THERAPY	66.00		WELLNESS COMMUNITY	194.00	0	4.00
	TOTALS			TOTALS		0	
Z - RECLASS LAB BLOOD SUPERVISOR							
1.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	73,237	LABORATORY	60.00	73,237	1.00
	TOTALS		73,237	TOTALS		73,237	
500.00	Grand Total: Increases		2,704,189	Grand Total: Decreases		2,977,473	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150112

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

Worksheet A-7
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,770,052	0	0	0	1.00
2.00	Land Improvements	17,257,776	64,629	0	64,629	2.00
3.00	Buildings and Fixtures	80,538,448	1,595,179	0	1,595,179	3.00
4.00	Building Improvements	91,039,979	1,793,306	0	1,793,306	4.00
5.00	Fixed Equipment	7,603,569	303,245	0	303,245	5.00
6.00	Movable Equipment	117,544,983	6,653,530	0	6,653,530	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	315,754,807	10,409,889	0	10,409,889	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	315,754,807	10,409,889	0	10,409,889	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,770,052	0			1.00
2.00	Land Improvements	17,322,405	0			2.00
3.00	Buildings and Fixtures	82,128,139	0			3.00
4.00	Building Improvements	92,833,285	0			4.00
5.00	Fixed Equipment	7,871,719	0			5.00
6.00	Movable Equipment	122,365,143	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	324,290,743	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	324,290,743	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150112

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

Worksheet A-7
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	18,023,776	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)	18,023,776	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	18,023,776				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	18,023,776				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150112

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

Worksheet A-7
Part III
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	201,925,598	0	201,925,598	0.622668	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	122,365,143	0	122,365,143	0.377332	0 2.00
3.00	Total (sum of lines 1-2)	324,290,741	0	324,290,741	1.000000	0 3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	7,971,605	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,905,475	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,877,080	0 3.00
Cost Center Description	SUMMARY OF CAPITAL					
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,801,763	922,192	0	0	10,695,560 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	382,366	0	0	0	10,287,841 2.00
3.00	Total (sum of lines 1-2)	2,184,129	922,192	0	0	20,983,401 3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150112

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

Worksheet A-8

Date/Time Prepared:
6/1/2014 5:50 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	404,207	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	67,447	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-123,223	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-5,938	PURCHASING RECEIVING AND STORES	5.03	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-92,279	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-8,489	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	B	-120	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-10,024,500			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-71,336			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-743,273	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-47,947	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-110	HOUSEKEEPING	9.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

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	
33.00 TELEPHONE SERVICES	B	-3,900	NONPATIENT TELEPHONES	5.01	0 33.00	
34.00 DEPR PAT PHONES NEW EQUIP	A	-18,105	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 34.00	
35.00 TV DEPR NEW EQUIP	A	-25,891	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 35.00	
36.00 CAFETERIA VISITORS	A	-327,955	CAFETERIA	11.00	0 36.00	
37.00 OPERATING REVENUE OTHER REVENUE	B	-2,061	OPERATING ROOM	50.00	0 37.00	
38.00 NURSING ADMIN OTHER REVENUE	B	-59,784	NURSING ADMINISTRATION	13.00	0 38.00	
39.00 SOCIAL SERVICES OTHER REVENUE	B	-152	SOCIAL SERVICE	17.00	0 39.00	
40.00 EAP REVENUE	B	-46,778	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.00	
41.00 BOND AMORTIZATION	A	178,392	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 41.00	
42.00 LAND RENT MO	B	-2,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 42.00	
43.00 RENT PATHOLOGISTS	B	-672	LABORATORY-PATHOLOGICAL	60.01	0 43.00	
44.00 LABORATORY OTHER REVENUE	B	-15,449	LABORATORY	60.00	0 44.00	
44.01 EMPLOY BENEFITS OTHER REVENUE	B	-12,832	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 44.01	
45.00 XRAY EDUCATION	B	-20,240	XRAY EDUCATION	23.01	0 45.00	
45.01 MEDICAL STAFF INCOME	B	-63,350	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.01	
45.02 RADIOLOGY OTHER REVENUE	B	-11,699	RADIOLOGY-DIAGNOSTIC	54.00	0 45.02	
45.03 BREAST FILM COPIES	B	-881	MAMMOGRAPHY	54.03	0 45.03	
45.04 MEDICAL RECORDS OTHER REVENUE	B	-3,968	MEDICAL RECORDS & LIBRARY	16.00	0 45.04	
45.05 FACILITIES OTHER REVENUE	B	-18,201	OPERATION OF PLANT	7.00	0 45.05	
45.06 SICK BAY	B	-90	ADULTS & PEDIATRICS	30.00	0 45.06	
45.07 LUNG INST OTHER REVENUE	B	-2,500	RESPIRATORY THERAPY	65.00	0 45.07	
45.08 DIABETES OTHER REVENUE	B	-1,175	DIABETES CENTER	90.01	0 45.08	
45.09 MRES GRANT OTHER	B	-3,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.09	
45.10 INFO SERV OTHER REVENUE	B	-27,720	DATA PROCESSING	5.02	0 45.10	
45.11 FOOD OTHER REVENUE	B	-6,477	DIETARY	10.00	0 45.11	
45.12 SPEECH THERAPY OTHER REVENUE	B	-704	SPEECH PATHOLOGY	68.00	0 45.12	
45.13 PROTECTIVE SERV OTHER REVENUE	B	-8,400	OPERATION OF PLANT	7.00	0 45.13	
45.14 PHARMACY OTHER REVENUE	B	-55,102	PHARMACY	15.00	0 45.14	
45.15 HUMAN RESOURCES OTHER REVENUE	B	-795	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.15	
45.16 LACTATION AND PREPARE OTHER REVENUE	B	-5,900	ADULTS & PEDIATRICS	30.00	0 45.16	
45.17 VOLUNTEER OTHER REVENUE	B	-79,499	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.17	
45.18 RENTAL PROPERTIES DEPRECIATION	A	-42,722	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 45.18	
45.20 PENSION EXPENSE	A	55,539	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.20	
45.21 LOSS ON DISPOSAL DEMOLITION	A	11,218	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 45.21	
45.22 UNALLOWABLE PHYS RECRUITMENT	A	-53,457	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.22	
45.23 DEPRECIATION RELI FIED	A	-69,232	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 45.23	
45.24 DEPRECIATION RELI FIED	A	-164,667	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 45.24	
45.26 NONALLOWABLE AMORT 2003 BOND ISSUE	A	-22,400	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 45.26	
45.27 PRIOR YEAR AUDIT ADJUSTMENT	A	6,711	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 45.27	
45.28 NONALLOWABLE INT EXP 1993 BONDS	A	-149,933	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11 45.28	
45.29 NONALLOWABLE INT EXP 2003/2009 BONDS	A	-246,403	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11 45.29	
45.30 UNALLOWABLE AHA MEMBERSHIP DUES	A	-7,926	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.30	
45.31 AMBULANCE SERVICES	B	-709,782	AMBULANCE SERVICES	95.00	0 45.31	
45.32 COPY CENTER OTHER REVENUE	B	-1,543	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.32	
45.33 PFSB CASH OVER & SHORT OPERATING	B	-10	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 45.33	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,687,056			50.00	

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

Provider CCN: 150112

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

Worksheet A-8-1

Date/Time Prepared:
6/1/2014 5:50 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GEN	4,627,708	4,699,044	1.00
2.00	0.00	MANAGEMENT FEE	0	0	2.00
3.00	0.00		0	0	3.00
4.00	0.00		0	0	4.00
5.00	0		4,627,708	4,699,044	5.00

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

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

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

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

6.00	E	J BICKEL	0.00	SI HEALTH MANAGEMENT	0.00	6.00
7.00	E	J NASH	0.00	SI HEALTH MANAGEMENT	0.00	7.00
8.00	E	Z ELLISON	0.00	SI HEALTH MANAGEMENT	0.00	8.00
9.00	E	R SHEDD	0.00	SI HEALTH MANAGEMENT	0.00	9.00
10.00	E	H SCHUMAKER	0.00	SI HEALTH MANAGEMENT	0.00	10.00
10.01	E	T SOUZA	0.00	SI HEALTH MANAGEMENT	0.00	10.01
10.02	E	D MICHAEL	0.00	SI HEALTH MANAGMENT	0.00	10.02
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: 150112

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

Worksheet A-8-1

Date/Time Prepared:
6/1/2014 5:50 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-71,336	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	-71,336			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	MANAGEMENT COMPANY		6.00
7.00	MANAGEMENT COMPANY		7.00
8.00	MANAGEMENT COMPANY		8.00
9.00	MANAGEMENT COMPANY		9.00
10.00	MANAGEMENT COMPANY		10.00
10.01	MANAGEMENT COMPANY		10.01
10.02	MANAGEMENT COMPANY		10.02
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: 150112

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

Worksheet A-8-2

Date/Time Prepared:
6/1/2014 5:50 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	9,151,890	8,911,740	240,150	171,400	1,892	1.00
2.00	30.00	ADULTS & PEDIATRICS	291,839	0	291,839	154,100	2,148	2.00
3.00	31.00	INTENSIVE CARE UNIT	35,900	0	35,900	171,400	359	3.00
4.00	41.00	SUBPROVIDER - IRF	50,000	0	50,000	171,400	908	4.00
5.00	50.00	OPERATING ROOM	262,995	0	262,995	204,100	1,207	5.00
6.00	53.00	ANESTHESIOLOGY	59,250	0	59,250	200,300	312	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	150,000	0	150,000	231,100	360	7.00
8.00	59.00	CARDIAC CATHETERIZATION	101,529	0	101,529	171,400	520	8.00
9.00	60.01	LABORATORY-PATHOLOGICAL	150,000	0	150,000	219,500	1,622	9.00
10.00	65.00	RESPIRATORY THERAPY	89,000	0	89,000	171,400	630	10.00
11.00	66.00	PHYSICAL THERAPY	24,050	0	24,050	171,400	120	11.00
12.00	69.00	ELECTROCARDIOLOGY	46,991	0	46,991	171,400	249	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	8,300	0	8,300	171,400	83	13.00
14.00	76.00	CARDIAC REHABILITATION	3,098	0	3,098	171,400	15	14.00
15.00	90.00	CLINIC	365,000	0	365,000	171,400	888	15.00
16.00	90.02	NEUROPSYCH	170,511	170,511	0	171,400	0	16.00
17.00	90.03	WOUND CENTER	5,460	0	5,460	171,400	55	17.00
18.00	90.04	HYPERBARIC OXYGEN THERAPY	540	0	540	171,400	5	18.00
19.00	91.00	EMERGENCY	384,900	0	384,900	171,400	7,083	19.00
20.00	95.00	AMBULANCE SERVICES	14,900	0	14,900	171,400	149	20.00
200.00			11,366,153	9,082,251	2,283,902		18,605	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	155,908	7,795	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	159,138	7,957	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	29,583	1,479	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	74,823	3,741	0	0	0	4.00
5.00	50.00	OPERATING ROOM	118,437	5,922	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	30,045	1,502	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	39,998	2,000	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	42,850	2,143	0	0	0	8.00
9.00	60.01	LABORATORY-PATHOLOGICAL	171,168	8,558	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	51,914	2,596	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	9,888	494	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	20,519	1,026	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	6,840	342	0	0	0	13.00
14.00	76.00	CARDIAC REHABILITATION	1,236	62	0	0	0	14.00
15.00	90.00	CLINIC	73,175	3,659	0	0	0	15.00
16.00	90.02	NEUROPSYCH	0	0	0	0	0	16.00
17.00	90.03	WOUND CENTER	4,532	227	0	0	0	17.00
18.00	90.04	HYPERBARIC OXYGEN THERAPY	412	21	0	0	0	18.00
19.00	91.00	EMERGENCY	583,666	29,183	0	0	0	19.00
20.00	95.00	AMBULANCE SERVICES	12,278	614	0	0	0	20.00
200.00			1,586,410	79,321	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	155,908	84,242	8,995,982	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	159,138	132,701	132,701	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	29,583	6,317	6,317	3.00
4.00	41.00	SUBPROVIDER - IRF	0	74,823	0	0	4.00
5.00	50.00	OPERATING ROOM	0	118,437	144,558	144,558	5.00
6.00	53.00	ANESTHESIOLOGY	0	30,045	29,205	29,205	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	39,998	110,002	110,002	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	42,850	58,679	58,679	8.00
9.00	60.01	LABORATORY-PATHOLOGICAL	0	171,168	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	51,914	37,086	37,086	10.00
11.00	66.00	PHYSICAL THERAPY	0	9,888	14,162	14,162	11.00
12.00	69.00	ELECTROCARDIOLOGY	0	20,519	26,472	26,472	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	6,840	1,460	1,460	13.00
14.00	76.00	CARDIAC REHABILITATION	0	1,236	1,862	1,862	14.00
15.00	90.00	CLINIC	0	73,175	291,825	291,825	15.00
16.00	90.02	NEUROPSYCH	0	0	0	170,511	16.00
17.00	90.03	WOUND CENTER	0	4,532	928	928	17.00
18.00	90.04	HYPERBARIC OXYGEN THERAPY	0	412	128	128	18.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150112

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

Worksheet A-8-2

Date/Time Prepared:
6/1/2014 5:50 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
19.00	91.00	EMERGENCY	0	583,666	0	0		19.00
20.00	95.00	AMBULANCE SERVICES	0	12,278	2,622	2,622		20.00
200.00			0	1,586,410	942,249	10,024,500		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	10,695,560	10,695,560				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	10,287,841		10,287,841			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	21,863,241	203,163	100,824	22,167,228		4.00
5.01 00510 NONPATIENT TELEPHONES	448,039	5,059	155,941	82,823	691,862	5.01
5.02 00511 DATA PROCESSING	7,461,014	352,709	402,722	919,435	22,081	5.02
5.03 00512 PURCHASING RECEIVING AND STORES	1,384,355	174,206	200,852	328,760	10,515	5.03
5.04 00513 ADMINISTRATION	1,427,085	20,331	69,368	316,032	12,092	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	3,502,962	52,190	168,665	663,713	26,287	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	21,473,003	437,853	366,001	1,010,098	94,632	5.06
7.00 00700 OPERATION OF PLANT	5,382,545	5,171,044	375,016	649,063	17,349	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	663,575	9,943	0	18,466	0	8.00
9.00 00900 HOUSEKEEPING	1,960,975	72,838	92,560	513,228	4,206	9.00
10.00 01000 DIETARY	851,545	124,505	53,715	176,752	1,577	10.00
11.00 01100 CAFETERIA	823,495	96,039	118,448	390,308	3,680	11.00
13.00 01300 NURSING ADMINISTRATION	3,041,382	156,936	152,894	997,334	10,515	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	808,535	120,699	105,084	3,926	5,257	14.00
15.00 01500 PHARMACY	3,641,753	77,707	570,559	1,032,823	13,143	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,318,904	111,089	141,543	228,749	18,401	16.00
17.00 01700 SOCIAL SERVICE	515,150	4,789	15,770	170,469	1,577	17.00
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 XRAY EDUCATION	125,693	9,769	13,096	47,851	1,051	23.01
23.02 02302 PHARMACY RESIDENCY PROG	160,066	3,346	0	51,387	1,051	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	14,490,499	1,211,288	956,538	4,517,114	118,288	30.00
31.00 03100 INTENSIVE CARE UNIT	2,590,959	173,793	201,544	751,656	18,401	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IIRF	1,464,864	175,791	95,168	452,219	12,092	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	645,018	9,246	22,855	212,161	526	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	12,585,514	618,323	1,525,207	152,850	62,562	50.00
51.00 05100 RECOVERY ROOM	1,262,823	50,509	68,987	0	8,412	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	258,410	1,887	142,246	0	1,051	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,984,669	127,280	351,272	548,105	17,875	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	1,017,228	53,665	432,844	110,794	3,680	54.01
54.02 05402 ULTRA SOUND	591,122	23,851	54,354	162,275	1,577	54.02
54.03 05403 MAMMOGRAPHY	1,059,907	4,329	148,380	227,261	7,360	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	1,307,492	125,330	273,727	336,988	7,886	55.00
57.00 05700 CT SCAN	769,254	15,970	285,518	184,770	3,680	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	413,051	14,273	109,599	83,317	1,051	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,029,799	166,498	759,804	464,393	19,452	59.00
60.00 06000 LABORATORY	6,813,180	170,035	447,445	1,103,485	31,544	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	768,406	19,221	81,337	115,882	3,680	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	849,870	8,310	17,811	24,584	1,577	62.00
65.00 06500 RESPIRATORY THERAPY	2,030,337	102,922	191,893	580,545	14,195	65.00
66.00 06600 PHYSICAL THERAPY	3,484,355	3,600	200,192	1,010,109	26,287	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,083,510	3,505	43,358	314,982	5,257	67.00
68.00 06800 SPEECH PATHOLOGY	592,964	0	38,146	175,023	4,732	68.00
69.00 06900 ELECTROCARDIOLOGY	598,086	22,170	121,709	141,839	9,463	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	609,097	0	24,262	174,060	11,566	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,032,171	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	7,253,908	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	11,002,332	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	394,371	0	0	0	0	74.00
76.00 03021 CARDIAC REHABILITATION	97,873	11,323	15,048	30,104	1,577	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	680,772	68,826	39,052	179,398	12,618	90.00
90.01 09001 DIABETES CENTER	192,944	12,290	7,971	21,573	526	90.01
90.02 09002 NEUROPSYCH	69,084	1,586	1,519	20,956	1,051	90.02
90.03 09003 WOUND CENTER	1,100,672	0	35,675	103,653	3,154	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	211,853	0	3,528	392	526	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

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	
91.00 09100 EMERGENCY	5,372,208	168,576	236,970	1,492,121	22,081	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	2,016,627	83,543	169,693	776,291	2,629	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	192,561,947	10,652,155	10,206,710	22,070,117	679,770	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,529	361	0	1,051	190.00
194.00 07950 WELLNESS COMMUNITY	423,926	0	22,400	52,664	2,103	194.00
194.01 07951 BUILDING RENTALS	55,983	0	0	0	0	194.01
194.02 07952 HOSPICE	57,231	0	0	0	0	194.02
194.03 07953 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 07954 SPEECH - HEARING AIDS	156,229	0	0	0	0	194.04
194.05 07955 NONALLOWABLE MARKETING	1,592,702	0	0	0	0	194.05
194.06 07956 CRH FOUNDATION	16,131	12,925	26,876	0	4,206	194.06
194.07 07957 HEALTHY COMMUNITIES	153,287	18,951	31,494	44,447	4,732	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	195,017,436	10,695,560	10,287,841	22,167,228	691,862	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150112		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 6/1/2014 5:50 pm	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	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	DATA PROCESSING	9,157,961					5.02
5.03	00512	PURCHASING RECEIVING AND STORES	106,232	2,204,920				5.03
5.04	00513	ADMINITTING	0	1,695	1,846,603			5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	1,148,408	3,103	0	5,565,328		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	621,826	4,183	0	0	24,007,596	5.06
7.00	00700	OPERATION OF PLANT	0	270	0	0	11,595,287	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	36	0	0	692,020	8.00
9.00	00900	HOUSEKEEPING	0	35,002	0	0	2,678,809	9.00
10.00	01000	DIETARY	0	612	0	0	1,208,706	10.00
11.00	01100	CAFETERIA	0	1,350	0	0	1,433,320	11.00
13.00	01300	NURSING ADMINISTRATION	4,457,178	973	0	0	8,817,212	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,685	0	0	1,045,186	14.00
15.00	01500	PHARMACY	249,097	27,116	0	0	5,612,198	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	271,076	4,117	0	0	2,093,879	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	707,755	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	0	19	0	0	197,479	23.01
23.02	02302	PHARMACY RESIDENCY PROG	0	0	0	0	215,850	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	108,980	200,967	220,107	663,272	22,487,053	30.00
31.00	03100	INTENSIVE CARE UNIT	0	46,313	39,129	117,911	3,939,706	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	11,577	21,246	64,023	2,296,980	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	284	9,701	29,234	929,025	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	269,623	287,294	866,488	16,367,861	50.00
51.00	05100	RECOVERY ROOM	0	5,378	18,882	56,899	1,471,890	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	30,551	92,063	526,208	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,542	19,172	57,774	3,117,689	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	902	26,004	78,362	1,723,479	54.01
54.02	05404	ULTRA SOUND	0	2,526	17,839	53,757	907,301	54.02
54.03	05405	MAMMOGRAPHY	0	1,106	10,745	32,379	1,491,467	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	901	40,439	121,859	2,214,622	55.00
57.00	05700	CT SCAN	0	10,914	71,514	215,501	1,557,121	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,190	28,337	85,392	736,210	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18,715	65,624	197,752	3,722,037	59.00
60.00	06000	LABORATORY	2,179,595	93,728	130,738	393,967	11,363,717	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	5,570	18,678	56,285	1,069,059	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	612	8,909	26,847	938,520	62.00
65.00	06500	RESPIRATORY THERAPY	0	20,190	40,948	123,393	3,104,423	65.00
66.00	06600	PHYSICAL THERAPY	0	5,738	44,198	133,185	4,907,664	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	518	14,250	42,941	1,508,321	67.00
68.00	06800	SPEECH PATHOLOGY	0	180	5,127	15,451	831,623	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,820	39,700	119,632	1,055,419	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,917	19,759	59,542	900,203	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,071,150	79,068	238,263	8,420,652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	86,112	61,979	186,768	7,588,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	95,720	203,306	612,643	11,914,001	73.00
74.00	07400	RENAL DIALYSIS	0	2	5,057	15,240	414,670	74.00
76.00	03021	CARDIAC REHABILITATION	0	478	2,770	8,348	167,521	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	13,645	15,400	46,408	1,056,119	90.00
90.01	09001	DIABETES CENTER	0	76	329	992	236,701	90.01
90.02	09002	NEUROPSYCH	0	33	773	2,329	97,331	90.02
90.03	09003	WOUND CENTER	0	10,034	14,954	45,064	1,313,206	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	992	4,454	13,422	235,167	90.04
91.00	09100	EMERGENCY	15,569	106,578	201,289	606,564	8,221,956	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	11,429	26,967	81,263	3,168,442	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,157,961	2,189,621	1,845,237	5,561,213	192,307,428	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	12,941	190.00
194.00	07950	WELLNESS COMMUNITY	0	121	0	0	501,214	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	55,983	194.01
194.02	07952	HOSPICE	0	15,079	0	0	72,310	194.02
194.03	07953	OUTREACH CLINICS	0	0	1,366	4,115	5,481	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	156,229	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	1,592,702	194.05
194.06	07956	CRH FOUNDATION	0	77	0	0	60,215	194.06
194.07	07957	HEALTHY COMMUNITIES	0	22	0	0	252,933	194.07
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,157,961	2,204,920	1,846,603	5,565,328	195,017,436	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	24,007,596				5.06
7.00	00700	OPERATION OF PLANT	1,627,828	13,223,115			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	97,151	30,727	819,898		8.00
9.00	00900	HOUSEKEEPING	376,070	225,087	0	3,279,966	9.00
10.00	01000	DIETARY	169,687	384,750	0	19,097	1,782,240
11.00	01100	CAFETERIA	201,219	296,783	0	42,372	0
13.00	01300	NURSING ADMINISTRATION	1,237,822	484,968	0	5,968	0
14.00	01400	CENTRAL SERVICES & SUPPLY	146,731	372,988	0	22,081	0
15.00	01500	PHARMACY	787,880	240,132	0	46,550	0
16.00	01600	MEDICAL RECORDS & LIBRARY	293,953	343,290	0	0	0
17.00	01700	SOCIAL SERVICE	99,360	14,800	0	1,194	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	27,723	30,188	0	8,355	0
23.02	02302	PHARMACY RESIDENCY PROG	30,303	10,340	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,156,925	3,743,158	313,042	1,150,612	1,412,530
31.00	03100	INTENSIVE CARE UNIT	553,084	537,062	38,568	80,567	142,646
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	322,466	543,236	45,510	157,553	195,098
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	130,423	28,571	11,007	1,194	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,297,835	1,910,761	161,325	437,448	7,524
51.00	05100	RECOVERY ROOM	206,634	156,086	25,241	44,759	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	73,873	5,832	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	437,683	393,326	77,868	107,422	787
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	241,954	165,838	0	70,421	0
54.02	05404	ULTRA SOUND	127,373	73,706	0	23,275	0
54.03	05405	MAMMOGRAPHY	209,383	13,379	5,317	48,340	0
55.00	05500	RADIOLOGY-THERAPEUTIC	310,904	387,298	6,553	83,551	2,690
57.00	05700	CT SCAN	218,600	49,349	0	9,549	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	103,354	44,106	0	9,549	0
59.00	05900	CARDIAC CATHETERIZATION	522,526	514,519	3,905	84,148	2,679
60.00	06000	LABORATORY	1,595,318	525,447	0	58,486	0
60.01	06001	LABORATORY-PATHOLOGICAL	150,082	59,396	0	3,581	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	131,756	25,679	0	2,387	0
65.00	06500	RESPIRATORY THERAPY	435,821	318,052	0	63,260	0
66.00	06600	PHYSICAL THERAPY	688,972	11,124	17,942	597	0
67.00	06700	OCCUPATIONAL THERAPY	211,749	10,830	7,807	1,194	0
68.00	06800	SPEECH PATHOLOGY	116,749	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	148,167	68,511	0	14,920	0
70.00	07000	ELECTROENCEPHALOGRAPHY	126,377	0	10,831	121,149	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,182,150	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,065,364	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,672,571	0	0	0	0
74.00	07400	RENAL DIALYSIS	58,214	0	0	0	0
76.00	03021	CARDIAC REHABILITATION	23,518	34,991	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	148,265	212,688	29,275	75,793	12,030
90.01	09001	DIABETES CENTER	33,230	37,980	0	1,790	0
90.02	09002	NEUROPSYCH	13,664	4,901	0	0	0
90.03	09003	WOUND CENTER	184,357	0	3,922	0	0
90.04	09004	HYPERBARIC OXYGEN THERAPY	33,014	0	388	0	0
91.00	09100	EMERGENCY	1,154,256	520,939	61,397	461,320	6,256
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	444,808	258,166	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,627,146	13,088,984	819,898	3,258,482	1,782,240	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,817	35,628	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	70,364	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	7,859	0	0	0	0	194.01
194.02	07952	HOSPICE	10,151	0	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	769	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	21,933	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	223,595	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	8,453	39,940	0	19,097	0	194.06
194.07	07957	HEALTHY COMMUNITIES	35,509	58,563	0	2,387	0	194.07
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)	24,007,596	13,223,115	819,898	3,279,966	1,782,240	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,973,694					11.00
13.00	01300	81,789	10,627,759				13.00
14.00	01400	0	8,058	1,595,044			14.00
15.00	01500	83,941	0	0	6,770,701		15.00
16.00	01600	64,570	0	0	0	2,795,692	16.00
17.00	01700	15,066	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	4,305	0	0	0	0	23.01
23.02	02302	6,457	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	574,677	5,474,777	81,779	9,047	827,597	30.00
31.00	03100	77,484	729,298	1,587	1,880	75,498	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	51,656	492,021	0	277	103,180	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	21,523	195,260	3,894	3	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	15,066	139,040	1,365,863	18,220	592,957	50.00
51.00	05100	0	513	0	219	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	59,429	0	53.00
54.00	05400	58,113	0	2,452	15,953	0	54.00
54.01	05402	8,609	0	0	54,214	0	54.01
54.02	05404	10,762	0	0	1,156	0	54.02
54.03	05405	25,828	246,302	721	103	0	54.03
55.00	05500	23,676	232,178	0	25	23,368	55.00
57.00	05700	17,219	0	433	3,350	0	57.00
58.00	05800	6,457	0	0	1,740	0	58.00
59.00	05900	40,894	387,245	10,817	7,804	62,196	59.00
60.00	06000	159,273	0	0	107	0	60.00
60.01	06001	12,914	0	0	17	156,268	60.01
62.00	06200	2,152	0	0	27	0	62.00
65.00	06500	62,418	598,464	39,952	4,813	323,562	65.00
66.00	06600	96,855	0	26,394	1,303	0	66.00
67.00	06700	30,133	0	0	139	10,426	67.00
68.00	06800	15,066	0	0	0	0	68.00
69.00	06900	15,066	151,813	0	2,662	264,362	69.00
70.00	07000	17,219	0	36,202	9	186,108	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	6,565,339	0	73.00
74.00	07400	0	0	288	2,391	0	74.00
76.00	03021	4,305	34,353	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	19,371	191,897	288	1,182	154,471	90.00
90.01	09001	2,152	20,673	0	350	0	90.01
90.02	09002	2,152	0	0	0	15,339	90.02
90.03	09003	10,762	0	18,461	8,536	0	90.03
90.04	09004	2,152	0	0	844	0	90.04
91.00	09100	180,796	1,725,867	5,913	3,309	360	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	137,750	0	0	6,101	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,958,628	10,627,759	1,595,044	6,770,549	2,795,692	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	8,609	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	152	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	6,457	0	0	0	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,973,694	10,627,759	1,595,044	6,770,701	2,795,692	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal		
		17.00	23.00	23.01	23.02	24.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00511	DATA PROCESSING					5.02	
5.03	00512	PURCHASING RECEIVING AND STORES					5.03	
5.04	00513	ADMITTING					5.04	
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
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	838,175				17.00	
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0			23.00	
23.01	02301	XRAY EDUCATION	0	0	268,050		23.01	
23.02	02302	PHARMACY RESIDENCY PROG	0	0	0	262,950	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	341,974	0	0	0	39,573,171	30.00
31.00	03100	INTENSIVE CARE UNIT	66,216	0	0	0	6,243,596	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	203,677	0	0	0	4,411,654	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	1,320,900	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	23,313,900	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	1,905,342	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	665,342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	268,050	0	4,479,343	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	2,264,515	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	1,143,573	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	2,040,840	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	86,332	0	0	0	3,371,197	55.00
57.00	05700	CT SCAN	0	0	0	0	1,855,621	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	901,416	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,358,770	59.00
60.00	06000	LABORATORY	0	0	0	0	13,702,348	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	1,451,317	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	1,100,521	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,950,765	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,750,851	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,780,599	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	963,438	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,720,920	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,398,098	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	9,602,802	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	8,654,131	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	262,950	20,414,861	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	475,563	74.00
76.00	03021	CARDIAC REHABILITATION	0	0	0	0	264,688	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	122,374	0	0	0	2,023,753	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	332,876	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	133,387	90.02
90.03	09003	WOUND CENTER	0	0	0	0	1,539,244	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	271,565	90.04
91.00	09100	EMERGENCY	17,602	0	0	0	12,359,971	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	4,015,267	95.00
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description			SOCI AL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	838,175	0	268,050	262,950	191,756,145	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	50,386	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	580,187	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	63,842	194.01
194.02	07952	HOSPICE	0	0	0	0	82,613	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	6,250	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	178,162	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	1,816,297	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	127,705	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	355,849	194.07
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	838,175	0	268,050	262,950	195,017,436	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING RECEIVING AND STORES		5.03
5.04	00513	ADMITTING		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
23.00	02300	PARAMED PRGM-(SPECIFY)		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	39,573,171	30.00
31.00	03100	INTENSIVE CARE UNIT	6,243,596	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	4,411,654	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,320,900	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	23,313,900	50.00
51.00	05100	RECOVERY ROOM	1,905,342	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	665,342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,479,343	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	2,264,515	54.01
54.02	05404	ULTRA SOUND	1,143,573	54.02
54.03	05405	MAMMOGRAPHY	2,040,840	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	3,371,197	55.00
57.00	05700	CT SCAN	1,855,621	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	901,416	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,358,770	59.00
60.00	06000	LABORATORY	13,702,348	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,451,317	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,100,521	62.00
65.00	06500	RESPIRATORY THERAPY	4,950,765	65.00
66.00	06600	PHYSICAL THERAPY	5,750,851	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,780,599	67.00
68.00	06800	SPEECH PATHOLOGY	963,438	68.00
69.00	06900	ELECTROCARDIOLOGY	1,720,920	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,398,098	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,602,802	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,654,131	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,414,861	73.00
74.00	07400	RENAL DIALYSIS	475,563	74.00
76.00	03021	CARDIAC REHABILITATION	264,688	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	2,023,753	90.00
90.01	09001	DIABETES CENTER	332,876	90.01
90.02	09002	NEUROPSYCH	133,387	90.02
90.03	09003	WOUND CENTER	1,539,244	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	271,565	90.04
91.00	09100	EMERGENCY	12,359,971	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	4,015,267	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	191,756,145	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	50,386	190.00
194.00	07950	WELLNESS COMMUNITY	0	580,187	194.00
194.01	07951	BUILDING RENTALS	0	63,842	194.01
194.02	07952	HOSPICE	0	82,613	194.02
194.03	07953	OUTREACH CLINICS	0	6,250	194.03
194.04	07954	SPEECH - HEARING AIDS	0	178,162	194.04
194.05	07955	NONALLOWABLE MARKETING	0	1,816,297	194.05
194.06	07956	CRH FOUNDATION	0	127,705	194.06
194.07	07957	HEALTHY COMMUNITIES	0	355,849	194.07
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	195,017,436	202.00

COST ALLOCATION STATISTICS

Provider CCN: 150112

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

Worksheet Non-CMS W
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQ FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3	DEPR	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SAL	4.00
5.01	NONPATIENT TELEPHONES	6	PHONES	5.01
5.02	DATA PROCESSING	7	DP COST	5.02
5.03	PURCHASING RECEIVING AND STORES	8	SUP COST	5.03
5.04	ADMINISTRATIVE	9	REVENUE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	9	REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST	5.06
7.00	OPERATION OF PLANT	12	SQ FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	13	LDRY LBS	8.00
9.00	HOUSEKEEPING	14	TIME SPT	9.00
10.00	DIETARY	15	MEALS	10.00
11.00	CAFETERIA	16	FTES	11.00
13.00	NURSING ADMINISTRATION	18	NURS HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	19	STER SUP	14.00
15.00	PHARMACY	20	DRG COST	15.00
16.00	MEDICAL RECORDS & LIBRARY	21	TIME SPT	16.00
17.00	SOCIAL SERVICE	22	TIME SPT	17.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	28	PERCENT	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,573	203,163	100,824	321,560	4.00
5.01 00510	NONPATIENT TELEPHONES	53	5,059	155,941	161,053	5.01
5.02 00511	DATA PROCESSING	65,725	352,709	402,722	821,156	5.02
5.03 00512	PURCHASING RECEIVING AND STORES	25,280	174,206	200,852	400,338	5.03
5.04 00513	ADMITTING	63	20,331	69,368	89,762	5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	9,151	52,190	168,665	230,006	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	241,026	437,853	366,001	1,044,880	5.06
7.00 00700	OPERATION OF PLANT	147,110	5,171,044	375,016	5,693,170	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	9,943	0	9,943	8.00
9.00 00900	HOUSEKEEPING	859	72,838	92,560	166,257	9.00
10.00 01000	DIETARY	46	124,505	53,715	178,266	10.00
11.00 01100	CAFETERIA	103	96,039	118,448	214,590	11.00
13.00 01300	NURSING ADMINISTRATION	3,992	156,936	152,894	313,822	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	957	120,699	105,084	226,740	14.00
15.00 01500	PHARMACY	6,226	77,707	570,559	654,492	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,079	111,089	141,543	254,711	16.00
17.00 01700	SOCIAL SERVICE	3,060	4,789	15,770	23,619	17.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	XRAY EDUCATION	0	9,769	13,096	22,865	23.01
23.02 02302	PHARMACY RESIDENCY PROG	0	3,346	0	3,346	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	222,534	1,211,288	956,538	2,390,360	30.00
31.00 03100	INTENSIVE CARE UNIT	135,796	173,793	201,544	511,133	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	20,805	175,791	95,168	291,764	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	2,075	9,246	22,855	34,176	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	331,101	618,323	1,525,207	2,474,631	50.00
51.00 05100	RECOVERY ROOM	100	50,509	68,987	119,596	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	2,182	1,887	142,246	146,315	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,258	127,280	351,272	482,810	54.00
54.01 05402	NUCLEAR MEDICINE-DIAGNOSTIC	22,074	53,665	432,844	508,583	54.01
54.02 05404	ULTRA SOUND	227	23,851	54,354	78,432	54.02
54.03 05405	MAMMOGRAPHY	151,731	4,329	148,380	304,440	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	2,741	125,330	273,727	401,798	55.00
57.00 05700	CT SCAN	738	15,970	285,518	302,226	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	117	14,273	109,599	123,989	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,997	166,498	759,804	928,299	59.00
60.00 06000	LABORATORY	20,213	170,035	447,445	637,693	60.00
60.01 06001	LABORATORY-PATHOLOGICAL	630	19,221	81,337	101,188	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	43	8,310	17,811	26,164	62.00
65.00 06500	RESPIRATORY THERAPY	19,726	102,922	191,893	314,541	65.00
66.00 06600	PHYSICAL THERAPY	335,083	3,600	200,192	538,875	66.00
67.00 06700	OCCUPATIONAL THERAPY	8,292	3,505	43,358	55,155	67.00
68.00 06800	SPEECH PATHOLOGY	1,729	0	38,146	39,875	68.00
69.00 06900	ELECTROCARDIOLOGY	572	22,170	121,709	144,451	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	10,751	0	24,262	35,013	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	CARDIAC REHABILITATION	106	11,323	15,048	26,477	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	659	68,826	39,052	108,537	90.00
90.01 09001	DIABETES CENTER	37	12,290	7,971	20,298	90.01
90.02 09002	NEUROPSYCH	898	1,586	1,519	4,003	90.02
90.03 09003	WOUND CENTER	170,777	0	35,675	206,452	90.03
90.04 09004	HYPERBARI C OXYGEN THERAPY	0	0	3,528	3,528	90.04
91.00 09100	EMERGENCY	7,007	168,576	236,970	412,553	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	48,610	83,543	169,693	301,846	11,260	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,046,912	10,652,155	10,206,710	22,905,777	320,151	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,529	361	11,890	0	190.00
194.00 07950 WELLNESS COMMUNITY	16,722	0	22,400	39,122	764	194.00
194.01 07951 BUILDING RENTALS	26,996	0	0	26,996	0	194.01
194.02 07952 HOSPICE	0	0	0	0	0	194.02
194.03 07953 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 07954 SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05 07955 NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06 07956 CRH FOUNDATION	0	12,925	26,876	39,801	0	194.06
194.07 07957 HEALTHY COMMUNITIES	0	18,951	31,494	50,445	645	194.07
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	2,090,630	10,695,560	10,287,841	23,074,031	321,560	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	162,254					5.01
5.02	00511	5,178	839,671				5.02
5.03	00512	2,466	9,740	417,313			5.03
5.04	00513	2,836	0	321	97,503		5.04
5.05	00514	6,165	105,295	587	0	351,680	5.05
5.06	00560	22,193	57,014	792	0	0	5.06
7.00	00700	4,069	0	51	0	0	7.00
8.00	00800	0	0	7	0	0	8.00
9.00	00900	986	0	6,625	0	0	9.00
10.00	01000	370	0	116	0	0	10.00
11.00	01100	863	0	255	0	0	11.00
13.00	01300	2,466	408,668	184	0	0	13.00
14.00	01400	1,233	0	319	0	0	14.00
15.00	01500	3,082	22,839	5,132	0	0	15.00
16.00	01600	4,315	24,854	779	0	0	16.00
17.00	01700	370	0	0	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	247	0	4	0	0	23.01
23.02	02302	247	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	27,739	9,992	38,036	11,636	41,902	30.00
31.00	03100	4,315	0	8,765	2,069	7,449	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	2,836	0	2,191	1,123	4,045	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	123	0	54	513	1,847	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	14,672	0	51,030	15,068	54,831	50.00
51.00	05100	1,973	0	1,018	998	3,595	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	247	0	0	1,615	5,816	53.00
54.00	05400	4,192	0	2,184	1,014	3,650	54.00
54.01	05402	863	0	171	1,375	4,950	54.01
54.02	05404	370	0	478	943	3,396	54.02
54.03	05405	1,726	0	209	568	2,046	54.03
55.00	05500	1,849	0	171	2,138	7,698	55.00
57.00	05700	863	0	2,066	3,781	13,614	57.00
58.00	05800	247	0	225	1,498	5,395	58.00
59.00	05900	4,562	0	3,542	3,469	12,493	59.00
60.00	06000	7,398	199,842	17,739	6,912	24,889	60.00
60.01	06001	863	0	1,054	987	3,556	60.01
62.00	06200	370	0	116	471	1,696	62.00
65.00	06500	3,329	0	3,821	2,165	7,795	65.00
66.00	06600	6,165	0	1,086	2,337	8,414	66.00
67.00	06700	1,233	0	98	753	2,713	67.00
68.00	06800	1,110	0	34	271	976	68.00
69.00	06900	2,219	0	534	2,099	7,558	69.00
70.00	07000	2,712	0	363	1,045	3,762	70.00
71.00	07100	0	0	202,732	4,180	15,052	71.00
72.00	07200	0	0	16,298	3,277	11,799	72.00
73.00	07300	0	0	18,116	10,748	38,703	73.00
74.00	07400	0	0	0	267	963	74.00
76.00	03021	370	0	90	146	527	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	2,959	0	2,583	814	2,932	90.00
90.01	09001	123	0	14	17	63	90.01
90.02	09002	247	0	6	41	147	90.02
90.03	09003	740	0	1,899	791	2,847	90.03
90.04	09004	123	0	188	235	848	90.04
91.00	09100	5,178	1,427	20,171	10,641	38,319	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	616	0	2,163	1,426	5,134	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	159,418	839,671	414,417	97,431	351,420	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	247	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	493	0	23	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	2,854	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	72	260	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	986	0	15	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	1,110	0	4	0	0	194.07
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)	162,254	839,671	417,313	97,503	351,680	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150112		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 6/1/2014 5:50 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,139,531					5.06
7.00	00700	OPERATION OF PLANT	77,271	5,783,976				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,612	13,440	28,270			8.00
9.00	00900	HOUSEKEEPING	17,852	98,456	0	297,620		9.00
10.00	01000	DIETARY	8,055	168,295	0	1,733	359,399	10.00
11.00	01100	CAFETERIA	9,552	129,817	0	3,845	0	11.00
13.00	01300	NURSING ADMINISTRATION	58,758	212,132	0	542	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,965	163,150	0	2,004	0	14.00
15.00	01500	PHARMACY	37,400	105,037	0	4,224	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,954	150,160	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,716	6,474	0	108	0	17.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	1,316	13,205	0	758	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	1,438	4,523	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	149,776	1,637,311	10,794	104,407	284,844	30.00
31.00	03100	INTENSIVE CARE UNIT	26,254	234,918	1,330	7,311	28,765	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	15,307	237,619	1,569	14,296	39,343	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,191	12,497	380	108	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	109,075	835,794	5,563	39,693	1,517	50.00
51.00	05100	RECOVERY ROOM	9,809	68,274	870	4,061	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,507	2,551	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,776	172,046	2,685	9,747	159	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	11,485	72,540	0	6,390	0	54.01
54.02	05404	ULTRASOUND	6,046	32,240	0	2,112	0	54.02
54.03	05405	MAMMOGRAPHY	9,939	5,852	183	4,386	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	14,758	169,410	226	7,581	543	55.00
57.00	05700	CT SCAN	10,377	21,586	0	866	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,906	19,292	0	866	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,804	225,058	135	7,635	540	59.00
60.00	06000	LABORATORY	75,728	229,838	0	5,307	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	7,124	25,981	0	325	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,254	11,233	0	217	0	62.00
65.00	06500	RESPIRATORY THERAPY	20,688	139,120	0	5,740	0	65.00
66.00	06600	PHYSICAL THERAPY	32,705	4,866	619	54	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,051	4,737	269	108	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,542	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,033	29,968	0	1,354	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,999	0	373	10,993	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	56,115	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	50,572	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,395	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,763	0	0	0	0	74.00
76.00	03021	CARDIAC REHABILITATION	1,116	15,305	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	7,038	93,033	1,009	6,877	2,426	90.00
90.01	09001	DIABETES CENTER	1,577	16,613	0	162	0	90.01
90.02	09002	NEUROPSYCH	649	2,144	0	0	0	90.02
90.03	09003	WOUND CENTER	8,751	0	135	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	1,567	0	13	0	0	90.04
91.00	09100	EMERGENCY	54,791	227,866	2,117	41,860	1,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	21,114	112,925	0	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,121,471	5,725,306	28,270	295,670	359,399	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	86	15,584	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	3,340	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	373	0	0	0	0	194.01
194.02	07952	HOSPICE	482	0	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	37	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	1,041	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	10,614	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	401	17,470	0	1,733	0	194.06
194.07	07957	HEALTHY COMMUNITIES	1,686	25,616	0	217	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,139,531	5,783,976	28,270	297,620	359,399	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150112		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 6/1/2014 5:50 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	364,584					11.00
13.00	01300	NURSING ADMINISTRATION	15,108	1,026,147				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	778	401,246			14.00
15.00	01500	PHARMACY	15,506	0	0	862,693		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,928	0	0	0	464,019	16.00
17.00	01700	SOCIAL SERVICE	2,783	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	XRAY EDUCATION	795	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROG	1,193	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	106,153	528,608	20,572	1,153	137,361	30.00
31.00	03100	INTENSIVE CARE UNIT	14,313	70,416	399	240	12,531	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	9,542	47,506	0	35	17,125	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,976	18,853	980	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,783	13,425	343,592	2,322	98,417	50.00
51.00	05100	RECOVERY ROOM	0	50	0	28	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	7,572	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,735	0	617	2,033	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,590	0	0	6,908	0	54.01
54.02	05404	ULTRA SOUND	1,988	0	0	147	0	54.02
54.03	05405	MAMMOGRAPHY	4,771	23,781	181	13	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,373	22,418	0	3	3,879	55.00
57.00	05700	CT SCAN	3,181	0	109	427	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,193	0	0	222	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,554	37,390	2,721	994	10,323	59.00
60.00	06000	LABORATORY	29,421	0	0	14	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	2,386	0	0	2	25,937	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	398	0	0	3	0	62.00
65.00	06500	RESPIRATORY THERAPY	11,530	57,784	10,050	613	53,704	65.00
66.00	06600	PHYSICAL THERAPY	17,891	0	6,640	166	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,566	0	0	18	1,730	67.00
68.00	06800	SPEECH PATHOLOGY	2,783	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,783	14,658	0	339	43,878	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,181	0	9,107	1	30,890	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	836,525	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	73	305	0	74.00
76.00	03021	CARDIAC REHABILITATION	795	3,317	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,578	18,528	73	151	25,638	90.00
90.01	09001	DIABETES CENTER	398	1,996	0	45	0	90.01
90.02	09002	NEUROPSYCH	398	0	0	0	2,546	90.02
90.03	09003	WOUND CENTER	1,988	0	4,644	1,088	0	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	398	0	0	108	0	90.04
91.00	09100	EMERGENCY	33,397	166,639	1,488	422	60	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	25,445	0	0	777	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	361,801	1,026,147	401,246	862,674	464,019	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	1,590	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	19	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	1,193	0	0	0	0	194.07
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)	364,584	1,026,147	401,246	862,693	464,019	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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	40,543				17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	XRAY EDUCATION	0		39,884		23.01
23.02	02302	PHARMACY RESIDENCY PROG	0			11,492	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,542			5,582,725	30.00
31.00	03100	INTENSIVE CARE UNIT	3,203			944,314	31.00
32.00	03200	CORONARY CARE UNIT	0			0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			0	34.00
40.00	04000	SUBPROVIDER - I PF	0			0	40.00
41.00	04100	SUBPROVIDER - I RF	9,852			700,713	41.00
42.00	04200	SUBPROVIDER	0			0	42.00
43.00	04300	NURSERY	0			82,775	43.00
44.00	04400	SKILLED NURSING FACILITY	0			0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			4,064,630	50.00
51.00	05100	RECOVERY ROOM	0			210,272	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			0	52.00
53.00	05300	ANESTHESIOLOGY	0			167,623	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			720,598	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0			616,462	54.01
54.02	05404	ULTRA SOUND	0			128,506	54.02
54.03	05405	MAMMOGRAPHY	0			361,391	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	4,176			645,909	55.00
57.00	05700	CT SCAN	0			361,776	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0			159,042	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			1,276,255	59.00
60.00	06000	LABORATORY	0			1,250,787	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0			171,084	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0			47,279	62.00
65.00	06500	RESPIRATORY THERAPY	0			639,301	65.00
66.00	06600	PHYSICAL THERAPY	0			634,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	0			87,000	67.00
68.00	06800	SPEECH PATHOLOGY	0			53,130	68.00
69.00	06900	ELECTROCARDIOLOGY	0			258,931	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			105,964	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0			278,079	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0			81,946	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			983,487	73.00
74.00	07400	RENAL DIALYSIS	0			4,371	74.00
76.00	03021	CARDIAC REHABILITATION	0			48,580	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	89.00
90.00	09000	CLINIC	5,919			284,697	90.00
90.01	09001	DIABETES CENTER	0			41,619	90.01
90.02	09002	NEUROPSYCH	0			10,485	90.02
90.03	09003	WOUND CENTER	0			230,839	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0			7,014	90.04
91.00	09100	EMERGENCY	851			1,040,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0			482,706	95.00
99.10	09910	CORF	0			0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description			SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
			17.00	23.00	23.01	23.02	24.00	
101.00	10100	HOME HEALTH AGENCY	0				0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0				0	109.00
110.00	11000	INTESTINAL ACQUISITION	0				0	110.00
111.00	11100	ISLET ACQUISITION	0				0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,543	0	0	0	22,765,446	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				27,807	190.00
194.00	07950	WELLNESS COMMUNITY	0				45,332	194.00
194.01	07951	BUILDING RENTALS	0				27,369	194.01
194.02	07952	HOSPICE	0				3,355	194.02
194.03	07953	OUTREACH CLINICS	0				369	194.03
194.04	07954	SPEECH - HEARING AIDS	0				1,041	194.04
194.05	07955	NONALLOWABLE MARKETING	0				10,614	194.05
194.06	07956	CRH FOUNDATION	0				60,406	194.06
194.07	07957	HEALTHY COMMUNITIES	0				80,916	194.07
200.00		Cross Foot Adjustments	0	0	39,884	11,492	51,376	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	40,543	0	39,884	11,492	23,074,031	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING RECEIVING AND STORES		5.03
5.04	00513	ADMITTING		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	XRAY EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROG		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	5,582,725	30.00
31.00	03100	INTENSIVE CARE UNIT	944,314	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	700,713	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	82,775	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,064,630	50.00
51.00	05100	RECOVERY ROOM	210,272	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	167,623	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	720,598	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	616,462	54.01
54.02	05404	ULTRA SOUND	128,506	54.02
54.03	05405	MAMMOGRAPHY	361,391	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	645,909	55.00
57.00	05700	CT SCAN	361,776	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	159,042	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,276,255	59.00
60.00	06000	LABORATORY	1,250,787	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	171,084	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	47,279	62.00
65.00	06500	RESPIRATORY THERAPY	639,301	65.00
66.00	06600	PHYSICAL THERAPY	634,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	87,000	67.00
68.00	06800	SPEECH PATHOLOGY	53,130	68.00
69.00	06900	ELECTROCARDIOLOGY	258,931	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	105,964	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	278,079	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	81,946	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	983,487	73.00
74.00	07400	RENAL DIALYSIS	4,371	74.00
76.00	03021	CARDIAC REHABILITATION	48,580	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	284,697	90.00
90.01	09001	DIABETES CENTER	41,619	90.01
90.02	09002	NEUROPSYCH	10,485	90.02
90.03	09003	WOUND CENTER	230,839	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	7,014	90.04
91.00	09100	EMERGENCY	1,040,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	482,706	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	22,765,446	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,807	190.00
194.00	07950	WELLNESS COMMUNITY	0	45,332	194.00
194.01	07951	BUILDING RENTALS	0	27,369	194.01
194.02	07952	HOSPICE	0	3,355	194.02
194.03	07953	OUTREACH CLINICS	0	369	194.03
194.04	07954	SPEECH - HEARING AIDS	0	1,041	194.04
194.05	07955	NONALLOWABLE MARKETING	0	10,614	194.05
194.06	07956	CRH FOUNDATION	0	60,406	194.06
194.07	07957	HEALTHY COMMUNITIES	0	80,916	194.07
200.00		Cross Foot Adjustments	0	51,376	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	23,074,031	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP COST)	
	NEW BLDG & FIXT (SQ FEET)	NEW MVBLE EQUIP (DEPR)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	674,437					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		10,106,309				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	12,811	99,045	66,038,374			4.00
5.01 00510 NONPATIENT TELEPHONES	319	153,189	246,739	1,316		5.01
5.02 00511 DATA PROCESSING	22,241	395,616	2,739,087	42	10,000	5.02
5.03 00512 PURCHASING RECEIVING AND STORES	10,985	197,308	979,408	20	116	5.03
5.04 00513 ADMITTING	1,282	68,144	941,490	23	0	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	3,291	165,689	1,977,267	50	1,254	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	27,610	359,543	3,009,183	180	679	5.06
7.00 00700 OPERATION OF PLANT	326,074	368,399	1,933,623	33	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	627	0	55,011	0	0	8.00
9.00 00900 HOUSEKEEPING	4,593	90,927	1,528,957	8	0	9.00
10.00 01000 DIETARY	7,851	52,767	526,563	3	0	10.00
11.00 01100 CAFETERIA	6,056	116,358	1,162,766	7	0	11.00
13.00 01300 NURSING ADMINISTRATION	9,896	150,196	2,971,156	20	4,867	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	7,611	103,230	11,697	10	0	14.00
15.00 01500 PHARMACY	4,900	560,491	3,076,883	25	272	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	7,005	139,045	681,467	35	296	16.00
17.00 01700 SOCIAL SERVICE	302	15,492	507,843	3	0	17.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 XRAY EDUCATION	616	12,865	142,554	2	0	23.01
23.02 02302 PHARMACY RESIDENCY PROG	211	0	153,088	2	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	76,381	939,660	13,456,934	225	119	30.00
31.00 03100 INTENSIVE CARE UNIT	10,959	197,988	2,239,258	35	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	11,085	93,489	1,347,206	23	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	583	22,452	632,048	1	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	38,990	1,498,290	455,356	119	0	50.00
51.00 05100 RECOVERY ROOM	3,185	67,770	0	16	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	119	139,736	0	2	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,026	345,074	1,632,859	34	0	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	3,384	425,206	330,065	7	0	54.01
54.02 05404 ULTRA SOUND	1,504	53,395	483,432	3	0	54.02
54.03 05405 MAMMOGRAPHY	273	145,762	677,032	14	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	7,903	268,897	1,003,921	15	0	55.00
57.00 05700 CT SCAN	1,007	280,480	550,449	7	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	900	107,665	248,210	2	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	10,499	746,397	1,383,472	37	0	59.00
60.00 06000 LABORATORY	10,722	439,550	3,287,392	60	2,380	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	1,212	79,902	345,224	7	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	524	17,497	73,237	3	0	62.00
65.00 06500 RESPIRATORY THERAPY	6,490	188,507	1,729,502	27	0	65.00
66.00 06600 PHYSICAL THERAPY	227	196,660	3,009,215	50	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	221	42,593	938,361	10	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	37,473	521,412	9	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,398	119,561	422,553	18	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	23,834	518,541	22	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 CARDIAC REHABILITATION	714	14,782	89,684	3	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	4,340	38,363	534,443	24	0	90.00
90.01 09001 DIABETES CENTER	775	7,830	64,269	1	0	90.01
90.02 09002 NEUROPSYCH	100	1,492	62,430	2	0	90.02
90.03 09003 WOUND CENTER	0	35,046	308,792	6	0	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	3,466	1,168	1	0	90.04
91.00 09100 EMERGENCY	10,630	232,789	4,445,175	42	17	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (SQ FEET)	NEW MVBLE EQUIP (DEPR)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SAL)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP COST)		
		1. 00	2. 00	4. 00	5. 01	5. 02		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	5,268	166,699	2,312,648	5	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	671,700	10,026,609	65,749,070	1,293	10,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	727	355	0	2	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	22,005	156,892	4	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	815	26,402	0	8	0	194.06
194.07	07957	HEALTHY COMMUNITIES	1,195	30,938	132,412	9	0	194.07
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)	10,695,560	10,287,841	22,167,228	691,862	9,157,961	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.858501	1.017962	0.335672	525.731003	915.796100	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			321,560	162,254	839,671	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.004869	123.293313	83.967100	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES	7,081,152				5.03
5.04	00513	ADMITTING	5,444	458,383,210			5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	9,965	0	458,383,210		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	13,433	0	0	-24,007,596	171,009,840
7.00	00700	OPERATION OF PLANT	867	0	0	0	11,595,287
8.00	00800	LAUNDRY & LINEN SERVICE	117	0	0	0	692,020
9.00	00900	HOUSEKEEPING	112,410	0	0	0	2,678,809
10.00	01000	DIETARY	1,966	0	0	0	1,208,706
11.00	01100	CAFETERIA	4,335	0	0	0	1,433,320
13.00	01300	NURSING ADMINISTRATION	3,125	0	0	0	8,817,212
14.00	01400	CENTRAL SERVICES & SUPPLY	5,411	0	0	0	1,045,186
15.00	01500	PHARMACY	87,082	0	0	0	5,612,198
16.00	01600	MEDICAL RECORDS & LIBRARY	13,222	0	0	0	2,093,879
17.00	01700	SOCIAL SERVICE	0	0	0	0	707,755
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	XRAY EDUCATION	60	0	0	0	197,479
23.02	02302	PHARMACY RESIDENCY PROG	0	0	0	0	215,850
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	645,411	54,630,735	54,630,735	0	22,487,053
31.00	03100	INTENSIVE CARE UNIT	148,735	9,711,828	9,711,828	0	3,939,706
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	37,179	5,273,270	5,273,270	0	2,296,980
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	911	2,407,884	2,407,884	0	929,025
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	865,901	71,360,826	71,360,826	0	16,367,861
51.00	05100	RECOVERY ROOM	17,273	4,686,487	4,686,487	0	1,471,890
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	7,582,806	7,582,806	0	526,208
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,067	4,758,619	4,758,619	0	3,117,689
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	2,898	6,454,295	6,454,295	0	1,723,479
54.02	05404	ULTRA SOUND	8,113	4,427,722	4,427,722	0	907,301
54.03	05405	MAMMOGRAPHY	3,553	2,666,915	2,666,915	0	1,491,467
55.00	05500	RADIOLOGY-THERAPEUTIC	2,894	10,036,957	10,036,957	0	2,214,622
57.00	05700	CT SCAN	35,052	17,749,839	17,749,839	0	1,557,121
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,821	7,033,339	7,033,339	0	736,210
59.00	05900	CARDIAC CATHETERIZATION	60,105	16,287,974	16,287,974	0	3,722,037
60.00	06000	LABORATORY	301,009	32,449,273	32,449,273	0	11,363,717
60.01	06001	LABORATORY-PATHOLOGICAL	17,888	4,635,908	4,635,908	0	1,069,059
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,966	2,211,279	2,211,279	0	938,520
65.00	06500	RESPIRATORY THERAPY	64,840	10,163,298	10,163,298	0	3,104,423
66.00	06600	PHYSICAL THERAPY	18,427	10,969,871	10,969,871	0	4,907,664
67.00	06700	OCCUPATIONAL THERAPY	1,664	3,536,881	3,536,881	0	1,508,321
68.00	06800	SPEECH PATHOLOGY	578	1,272,589	1,272,589	0	831,623
69.00	06900	ELECTROCARDIOLOGY	9,056	9,853,589	9,853,589	0	1,055,419
70.00	07000	ELECTROENCEPHALOGRAPHY	6,158	4,904,237	4,904,237	0	900,203
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,440,025	19,624,627	19,624,627	0	8,420,652
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	276,550	15,383,257	15,383,257	0	7,588,767
73.00	07300	DRUGS CHARGED TO PATIENTS	307,408	50,460,686	50,460,686	0	11,914,001
74.00	07400	RENAL DIALYSIS	7	1,255,228	1,255,228	0	414,670
76.00	03021	CARDIAC REHABILITATION	1,534	687,577	687,577	0	167,521
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	43,822	3,822,399	3,822,399	0	1,056,119
90.01	09001	DIABETES CENTER	243	81,713	81,713	0	236,701
90.02	09002	NEUROPSYCH	105	191,820	191,820	0	97,331
90.03	09003	WOUND CENTER	32,223	3,711,698	3,711,698	0	1,313,206
90.04	09004	HYPERBARIC OXYGEN THERAPY	3,187	1,105,533	1,105,533	0	235,167
91.00	09100	EMERGENCY	342,276	49,959,982	49,959,982	0	8,221,956
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMINITTING (REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	36,704	6,693,296	6,693,296	0	3,168,442	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,032,020	458,044,237	458,044,237	-24,007,596	168,299,832	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	12,941	190.00
194.00	07950	WELLNESS COMMUNITY	389	0	0	0	501,214	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	55,983	194.01
194.02	07952	HOSPICE	48,425	0	0	0	72,310	194.02
194.03	07953	OUTREACH CLINICS	0	338,973	338,973	0	5,481	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	156,229	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	1,592,702	194.05
194.06	07956	CRH FOUNDATION	247	0	0	0	60,215	194.06
194.07	07957	HEALTHY COMMUNITIES	71	0	0	0	252,933	194.07
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)	2,204,920	1,846,603	5,565,328		24,007,596	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.311379	0.004029	0.012141		0.140387	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	417,313	97,503	351,680		1,139,531	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.058933	0.000213	0.000767		0.006664	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	269,824				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	627	1,063,947			8.00
9.00	00900	HOUSEKEEPING	4,593	0	5,496		9.00
10.00	01000	DIETARY	7,851	0	32	162,961	10.00
11.00	01100	CAFETERIA	6,056	0	71	0	917 11.00
13.00	01300	NURSING ADMINISTRATION	9,896	0	10	0	38 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,611	0	37	0	0 14.00
15.00	01500	PHARMACY	4,900	0	78	0	39 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,005	0	0	0	30 16.00
17.00	01700	SOCIAL SERVICE	302	0	2	0	7 17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01	02301	XRAY EDUCATION	616	0	14	0	2 23.01
23.02	02302	PHARMACY RESIDENCY PROG	211	0	0	0	3 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,381	406,221	1,928	129,156	267 30.00
31.00	03100	INTENSIVE CARE UNIT	10,959	50,048	135	13,043	36 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - I/RF	11,085	59,057	264	17,839	24 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	583	14,283	2	0	10 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,990	209,345	733	688	7 50.00
51.00	05100	RECOVERY ROOM	3,185	32,754	75	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	119	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,026	101,046	180	72	27 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	3,384	0	118	0	4 54.01
54.02	05404	ULTRA SOUND	1,504	0	39	0	5 54.02
54.03	05405	MAMMOGRAPHY	273	6,899	81	0	12 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	7,903	8,503	140	246	11 55.00
57.00	05700	CT SCAN	1,007	0	16	0	8 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	900	0	16	0	3 58.00
59.00	05900	CARDIAC CATHETERIZATION	10,499	5,068	141	245	19 59.00
60.00	06000	LABORATORY	10,722	0	98	0	74 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	1,212	0	6	0	6 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	524	0	4	0	1 62.00
65.00	06500	RESPIRATORY THERAPY	6,490	0	106	0	29 65.00
66.00	06600	PHYSICAL THERAPY	227	23,283	1	0	45 66.00
67.00	06700	OCCUPATIONAL THERAPY	221	10,131	2	0	14 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	7 68.00
69.00	06900	ELECTROCARDIOLOGY	1,398	0	25	0	7 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,055	203	0	8 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	CARDIAC REHABILITATION	714	0	0	0	2 76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	4,340	37,989	127	1,100	9 90.00
90.01	09001	DIABETES CENTER	775	0	3	0	1 90.01
90.02	09002	NEUROPSYCH	100	0	0	0	1 90.02
90.03	09003	WOUND CENTER	0	5,090	0	0	5 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	503	0	0	1 90.04
91.00	09100	EMERGENCY	10,630	79,672	773	572	84 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,268	0	0	0	64 95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description			OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	267,087	1,063,947	5,460	162,961	910	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	727	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	4	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	815	0	32	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	1,195	0	4	0	3	194.07
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)	13,223,115	819,898	3,279,966	1,782,240	1,973,694	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	49.006445	0.770619	596.791485	10.936604	2,152.338059	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,783,976	28,270	297,620	359,399	364,584	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	21.436106	0.026571	54.152111	2.205430	397.583424	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		NURSING ADMINISTRATION (NURS HRS)	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
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	00514						5.05
5.06	00560						5.06
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	1,077,526					13.00
14.00	01400	817	11,059				14.00
15.00	01500	0	0	11,028,884			15.00
16.00	01600	0	0	0	23,329		16.00
17.00	01700	0	0	0	0	1,000	17.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	555,076	567	14,737	6,906	408	30.00
31.00	03100	73,942	11	3,063	630	79	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	49,885	0	451	861	243	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	19,797	27	5	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	14,097	9,470	29,679	4,948	0	50.00
51.00	05100	52	0	357	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	96,804	0	0	53.00
54.00	05400	0	17	25,986	0	0	54.00
54.01	05402	0	0	88,310	0	0	54.01
54.02	05404	0	0	1,883	0	0	54.02
54.03	05405	24,972	5	168	0	0	54.03
55.00	05500	23,540	0	40	195	103	55.00
57.00	05700	0	3	5,457	0	0	57.00
58.00	05800	0	0	2,834	0	0	58.00
59.00	05900	39,262	75	12,712	519	0	59.00
60.00	06000	0	0	175	0	0	60.00
60.01	06001	0	0	27	1,304	0	60.01
62.00	06200	0	0	44	0	0	62.00
65.00	06500	60,677	277	7,840	2,700	0	65.00
66.00	06600	0	183	2,123	0	0	66.00
67.00	06700	0	0	226	87	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	15,392	0	4,336	2,206	0	69.00
70.00	07000	0	251	14	1,553	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	10,694,369	0	0	73.00
74.00	07400	0	2	3,894	0	0	74.00
76.00	03021	3,483	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	19,456	2	1,925	1,289	146	90.00
90.01	09001	2,096	0	570	0	0	90.01
90.02	09002	0	0	0	128	0	90.02
90.03	09003	0	128	13,904	0	0	90.03
90.04	09004	0	0	1,375	0	0	90.04
91.00	09100	174,982	41	5,390	3	21	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)		
		(NURS HRS) 13.00	(STER SUP) 14.00	(DRG COST) 15.00	(TIME SPT) 16.00	(TIME SPT) 17.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	9,938	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,077,526	11,059	11,028,636	23,329	1,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	07952	HOSPICE	0	0	248	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	0	0	194.07
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)	10,627,759	1,595,044	6,770,701	2,795,692	838,175	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.863111	144.230401	0.613906	119.837627	838.175000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,026,147	401,246	862,693	464,019	40,543	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.952318	36.282304	0.078221	19.890222	40.543000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		PARAMED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)		
		23.00	23.01	23.02		
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00	
5.01	00510	NONPATIENT TELEPHONES			5.01	
5.02	00511	DATA PROCESSING			5.02	
5.03	00512	PURCHASING RECEIVING AND STORES			5.03	
5.04	00513	ADMINISTRATIVE			5.04	
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE			5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06	
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	
23.00	02300	PARAMED PRGM-(SPECIFY)	0		23.00	
23.01	02301	XRAY EDUCATION	0	100	23.01	
23.02	02302	PHARMACY RESIDENCY PROG	0	0	100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	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	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	100	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03021	CARDIAC REHABILITATION	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		PARAMED ED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)		
		23.00	23.01	23.02		
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00	07950	WELLNESS COMMUNITY	0	0	0	194.00
194.01	07951	BUILDING RENTALS	0	0	0	194.01
194.02	07952	HOSPICE	0	0	0	194.02
194.03	07953	OUTREACH CLINICS	0	0	0	194.03
194.04	07954	SPEECH - HEARING AIDS	0	0	0	194.04
194.05	07955	NONALLOWABLE MARKETING	0	0	0	194.05
194.06	07956	CRH FOUNDATION	0	0	0	194.06
194.07	07957	HEALTHY COMMUNITIES	0	0	0	194.07
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	268,050	262,950	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2,680.500000	2,629.500000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	39,884	11,492	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	398.840000	114.920000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

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

Worksheet C
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		39,573,171	132,701	39,705,872	30.00
31.00	03100 INTENSIVE CARE UNIT		6,243,596	6,317	6,249,913	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF		4,411,654	0	4,411,654	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,320,900	0	1,320,900	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		23,313,900	144,558	23,458,458	50.00
51.00	05100 RECOVERY ROOM		1,905,342	0	1,905,342	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY		665,342	29,205	694,547	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,479,343	0	4,479,343	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC		2,264,515	0	2,264,515	54.01
54.02	05404 ULTRASOUND		1,143,573	0	1,143,573	54.02
54.03	05405 MAMMOGRAPHY		2,040,840	0	2,040,840	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		3,371,197	110,002	3,481,199	55.00
57.00	05700 CT SCAN		1,855,621	0	1,855,621	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		901,416	0	901,416	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,358,770	58,679	5,417,449	59.00
60.00	06000 LABORATORY		13,702,348	0	13,702,348	60.00
60.01	06001 LABORATORY-PATHOLOGICAL		1,451,317	0	1,451,317	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,100,521	0	1,100,521	62.00
65.00	06500 RESPIRATORY THERAPY	0	4,950,765	37,086	4,987,851	65.00
66.00	06600 PHYSICAL THERAPY	0	5,750,851	14,162	5,765,013	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,780,599	0	1,780,599	67.00
68.00	06800 SPEECH PATHOLOGY	0	963,438	0	963,438	68.00
69.00	06900 ELECTROCARDIOLOGY		1,720,920	26,472	1,747,392	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,398,098	1,460	1,399,558	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		9,602,802	0	9,602,802	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		8,654,131	0	8,654,131	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		20,414,861	0	20,414,861	73.00
74.00	07400 RENAL DIALYSIS		475,563	0	475,563	74.00
76.00	03021 CARDIAC REHABILITATION		264,688	1,862	266,550	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		2,023,753	291,825	2,315,578	90.00
90.01	09001 DIABETES CENTER		332,876	0	332,876	90.01
90.02	09002 NEUROPSYCH		133,387	0	133,387	90.02
90.03	09003 WOUND CENTER		1,539,244	928	1,540,172	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY		271,565	128	271,693	90.04
91.00	09100 EMERGENCY		12,359,971	0	12,359,971	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,334,745	0	4,334,745	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		4,015,267	2,622	4,017,889	95.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		196,090,890	858,007	196,948,897	200.00
201.00	Less Observation Beds		4,334,745	0	4,334,745	201.00
202.00	Total (see instructions)		191,756,145	858,007	192,614,152	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

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

Worksheet C
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,531,159		47,531,159		30.00
31.00	03100	INTENSIVE CARE UNIT	9,683,437		9,683,437		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	5,273,226		5,273,226		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,407,829		2,407,829		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,425,399	50,935,427	71,360,826	0.326704	50.00
51.00	05100	RECOVERY ROOM	1,469,656	3,216,831	4,686,487	0.406561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,063,127	4,519,679	7,582,806	0.087744	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,380,999	3,377,620	4,758,619	0.941312	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	1,043,013	5,411,282	6,454,295	0.350854	54.01
54.02	05404	ULTRA SOUND	823,042	3,604,680	4,427,722	0.258276	54.02
54.03	05405	MAMMOGRAPHY	2,350	2,664,565	2,666,915	0.765244	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	280,114	9,756,843	10,036,957	0.335878	55.00
57.00	05700	CT SCAN	3,541,830	14,208,009	17,749,839	0.104543	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,392,892	5,640,447	7,033,339	0.128163	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,314,289	6,973,685	16,287,974	0.329002	59.00
60.00	06000	LABORATORY	10,133,525	22,315,748	32,449,273	0.422270	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	486,055	4,149,853	4,635,908	0.313060	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,504,820	706,459	2,211,279	0.497685	62.00
65.00	06500	RESPIRATORY THERAPY	8,055,472	2,107,826	10,163,298	0.487122	65.00
66.00	06600	PHYSICAL THERAPY	3,009,799	7,960,072	10,969,871	0.524241	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,865,754	1,671,127	3,536,881	0.503438	67.00
68.00	06800	SPEECH PATHOLOGY	622,563	650,026	1,272,589	0.757069	68.00
69.00	06900	ELECTROCARDIOLOGY	3,996,399	5,857,190	9,853,589	0.174649	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	258,667	4,645,570	4,904,237	0.285080	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,390,753	9,233,874	19,624,627	0.489324	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,137,267	5,245,990	15,383,257	0.562568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,108,578	28,352,108	50,460,686	0.404570	73.00
74.00	07400	RENAL DIALYSIS	1,255,228	0	1,255,228	0.378866	74.00
76.00	03021	CARDIAC REHABILITATION	19,446	668,131	687,577	0.384958	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	39,136	3,783,263	3,822,399	0.529446	90.00
90.01	09001	DIABETES CENTER	0	81,713	81,713	4.073721	90.01
90.02	09002	NEUROPSYCH	1,308	190,512	191,820	0.695376	90.02
90.03	09003	WOUND CENTER	37,750	3,673,948	3,711,698	0.414701	90.03
90.04	09004	HYPERBARI C OXYGEN THERAPY	12,012	1,093,521	1,105,533	0.245642	90.04
91.00	09100	EMERGENCY	11,178,405	38,781,577	49,959,982	0.247397	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,128,066	7,128,066	0.608124	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,693,296	6,693,296	0.599894	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	192,745,299	265,298,938	458,044,237		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	192,745,299	265,298,938	458,044,237		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

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

Worksheet C
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		PPS Inpatient Ratio	Title XVII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I/PF				40.00
41.00	04100 SUBPROVIDER - I/RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.328730			50.00
51.00	05100 RECOVERY ROOM	0.406561			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.091595			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.941312			54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.350854			54.01
54.02	05404 ULTRASOUND	0.258276			54.02
54.03	05405 MAMMOGRAPHY	0.765244			54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.346838			55.00
57.00	05700 CT SCAN	0.104543			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.128163			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.332604			59.00
60.00	06000 LABORATORY	0.422270			60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0.313060			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.497685			62.00
65.00	06500 RESPIRATORY THERAPY	0.490771			65.00
66.00	06600 PHYSICAL THERAPY	0.525532			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.503438			67.00
68.00	06800 SPEECH PATHOLOGY	0.757069			68.00
69.00	06900 ELECTROCARDIOLOGY	0.177336			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.285377			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.489324			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.562568			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.404570			73.00
74.00	07400 RENAL DIALYSIS	0.378866			74.00
76.00	03021 CARDIAC REHABILITATION	0.387666			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.605792			90.00
90.01	09001 DIABETES CENTER	4.073721			90.01
90.02	09002 NEUROPSYCH	0.695376			90.02
90.03	09003 WOUND CENTER	0.414951			90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0.245757			90.04
91.00	09100 EMERGENCY	0.247397			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.608124			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.600286			95.00
99.10	09910 CORF				99.10
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 6/1/2014 5:50 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	5,582,725	0	5,582,725	29,907	186.67	30.00
31.00 INTENSIVE CARE UNIT	944,314		944,314	2,720	347.17	31.00
32.00 CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00 SUBPROVIDER - IRF	700,713	0	700,713	3,718	188.47	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	82,775		82,775	3,289	25.17	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00 Total (Lines 30-199)	7,310,527		7,310,527	39,634		200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	12,883	2,404,870	30.00
31.00 INTENSIVE CARE UNIT	1,431	496,800	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	2,241	422,361	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
200.00 Total (Lines 30-199)	16,555	3,324,031	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150112

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

Worksheet D
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,064,630	71,360,826	0.056959	9,386,983	534,673	50.00
51.00	05100 RECOVERY ROOM	210,272	4,686,487	0.044868	720,014	32,306	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	167,623	7,582,806	0.022106	1,344,023	29,711	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	720,598	4,758,619	0.151430	799,720	121,102	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	616,462	6,454,295	0.095512	605,262	57,810	54.01
54.02	05404 ULTRASOUND	128,506	4,427,722	0.029023	450,690	13,080	54.02
54.03	05405 MAMMOGRAPHY	361,391	2,666,915	0.135509	204	28	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	645,909	10,036,957	0.064353	116,152	7,475	55.00
57.00	05700 CT SCAN	361,776	17,749,839	0.020382	2,117,955	43,168	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	159,042	7,033,339	0.022613	831,519	18,803	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,276,255	16,287,974	0.078356	4,110,090	322,050	59.00
60.00	06000 LABORATORY	1,250,787	32,449,273	0.038546	5,242,784	202,088	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	171,084	4,635,908	0.036904	234,571	8,657	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	47,279	2,211,279	0.021381	881,790	18,854	62.00
65.00	06500 RESPIRATORY THERAPY	639,301	10,163,298	0.062903	4,667,240	293,583	65.00
66.00	06600 PHYSICAL THERAPY	634,470	10,969,871	0.057838	1,157,813	66,966	66.00
67.00	06700 OCCUPATIONAL THERAPY	87,000	3,536,881	0.024598	402,732	9,906	67.00
68.00	06800 SPEECH PATHOLOGY	53,130	1,272,589	0.041750	113,850	4,753	68.00
69.00	06900 ELECTROCARDIOLOGY	258,931	9,853,589	0.026278	2,393,582	62,899	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	105,964	4,904,237	0.021607	122,199	2,640	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	278,079	19,624,627	0.014170	5,048,255	71,534	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	81,946	15,383,257	0.005327	5,256,139	27,999	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	983,487	50,460,686	0.019490	11,277,915	219,807	73.00
74.00	07400 RENAL DIALYSIS	4,371	1,255,228	0.003482	845,793	2,945	74.00
76.00	03021 CARDIAC REHABILITATION	48,580	687,577	0.070654	7,106	502	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	284,697	3,822,399	0.074481	23,723	1,767	90.00
90.01	09001 DIABETES CENTER	41,619	81,713	0.509331	0	0	90.01
90.02	09002 NEUROPSYCH	10,485	191,820	0.054661	0	0	90.02
90.03	09003 WOUND CENTER	230,839	3,711,698	0.062192	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	7,014	1,105,533	0.006344	10,296	65	90.04
91.00	09100 EMERGENCY	1,040,686	49,959,982	0.020830	6,635,803	138,224	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	609,474	7,128,066	0.085503	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	15,581,687	386,455,290		64,804,203	2,313,395	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 6/1/2014 5:50 pm
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Cost Center Description	Title XVIII			Hospital	PPS
	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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,907	0.00	12,883	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,720	0.00	1,431	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,718	0.00	2,241	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	3,289	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)	39,634		16,555	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	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
200.00		Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

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

Worksheet D
Part IV
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	268,050	0	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRA SOUND	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	262,950	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03021	CARDIAC REHABILITATION	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	531,000	0	95.00
200.00		Total (lines 50-199)	0	0	531,000	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

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

Worksheet D
Part IV
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	71,360,826	0.000000	0.000000	9,386,983	50.00
51.00	05100	RECOVERY ROOM	0	4,686,487	0.000000	0.000000	720,014	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,582,806	0.000000	0.000000	1,344,023	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	268,050	4,758,619	0.056329	0.056329	799,720	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	6,454,295	0.000000	0.000000	605,262	54.01
54.02	05404	ULTRASOUND	0	4,427,722	0.000000	0.000000	450,690	54.02
54.03	05405	MAMMOGRAPHY	0	2,666,915	0.000000	0.000000	204	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,036,957	0.000000	0.000000	116,152	55.00
57.00	05700	CT SCAN	0	17,749,839	0.000000	0.000000	2,117,955	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,033,339	0.000000	0.000000	831,519	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,287,974	0.000000	0.000000	4,110,090	59.00
60.00	06000	LABORATORY	0	32,449,273	0.000000	0.000000	5,242,784	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	4,635,908	0.000000	0.000000	234,571	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,211,279	0.000000	0.000000	881,790	62.00
65.00	06500	RESPIRATORY THERAPY	0	10,163,298	0.000000	0.000000	4,667,240	65.00
66.00	06600	PHYSICAL THERAPY	0	10,969,871	0.000000	0.000000	1,157,813	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,536,881	0.000000	0.000000	402,732	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,272,589	0.000000	0.000000	113,850	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,853,589	0.000000	0.000000	2,393,582	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,904,237	0.000000	0.000000	122,199	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,624,627	0.000000	0.000000	5,048,255	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	15,383,257	0.000000	0.000000	5,256,139	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	262,950	50,460,686	0.005211	0.005211	11,277,915	73.00
74.00	07400	RENAL DIALYSIS	0	1,255,228	0.000000	0.000000	845,793	74.00
76.00	03021	CARDIAC REHABILITATION	0	687,577	0.000000	0.000000	7,106	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	3,822,399	0.000000	0.000000	23,723	90.00
90.01	09001	DIABETES CENTER	0	81,713	0.000000	0.000000	0	90.01
90.02	09002	NEUROPSYCH	0	191,820	0.000000	0.000000	0	90.02
90.03	09003	WOUND CENTER	0	3,711,698	0.000000	0.000000	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	1,105,533	0.000000	0.000000	10,296	90.04
91.00	09100	EMERGENCY	0	49,959,982	0.000000	0.000000	6,635,803	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,128,066	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	531,000	386,455,290			64,804,203	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

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

Worksheet D
Part IV
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		Title XVII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	14,525,511	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	607,296	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	997,095	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	45,047	1,005,234	56,624	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	2,269,153	0	0	0	54.01
54.02	05404 ULTRASOUND	0	1,077,069	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	211,163	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,337,222	0	0	0	55.00
57.00	05700 CT SCAN	0	4,240,721	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,854,593	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,627,764	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	1,113,927	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	457,190	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	774,831	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	133	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	125,645	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,913,042	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,157,661	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,922,609	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,866,154	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	58,769	13,797,499	71,899	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03021 CARDIAC REHABILITATION	0	279,997	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	1,894,211	0	0	0	90.00
90.01	09001 DIABETES CENTER	0	2,877	0	0	0	90.01
90.02	09002 NEUROPSYCH	0	100,044	0	0	0	90.02
90.03	09003 WOUND CENTER	0	1,995,666	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	660,231	0	0	0	90.04
91.00	09100 EMERGENCY	0	7,855,913	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,422,349	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	103,816	73,092,800	128,523	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2014 5:50 pm
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0			54.01
54.02	05404 ULTRA SOUND	0	0			54.02
54.03	05405 MAMMOGRAPHY	0	0			54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03021 CARDIAC REHABILITATION	0	0			76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
90.01	09001 DIABETES CENTER	0	0			90.01
90.02	09002 NEUROPSYCH	0	0			90.02
90.03	09003 WOUND CENTER	0	0			90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0			90.04
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 6/1/2014 5:50 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.326704	14,525,511	0	0	4,745,543
51.00 05100 RECOVERY ROOM	0.406561	607,296	0	0	246,903
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.087744	997,095	0	0	87,489
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.941312	1,005,234	0	0	946,239
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0.350854	2,269,153	0	0	796,141
54.02 05404 ULTRA SOUND	0.258276	1,077,069	0	0	278,181
54.03 05405 MAMMOGRAPHY	0.765244	211,163	0	0	161,591
55.00 05500 RADIOLOGY-THERAPEUTIC	0.335878	5,337,222	0	0	1,792,655
57.00 05700 CT SCAN	0.104543	4,240,721	0	0	443,338
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.128163	1,854,593	0	0	237,690
59.00 05900 CARDIAC CATHETERIZATION	0.329002	2,627,764	0	0	864,540
60.00 06000 LABORATORY	0.422270	0	29,973	0	0
60.01 06001 LABORATORY-PATHOLOGICAL	0.313060	1,113,927	0	0	348,726
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.497685	457,190	0	0	227,537
65.00 06500 RESPIRATORY THERAPY	0.487122	774,831	110	0	377,437
66.00 06600 PHYSICAL THERAPY	0.524241	133	0	0	70
67.00 06700 OCCUPATIONAL THERAPY	0.503438	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.757069	125,645	0	0	95,122
69.00 06900 ELECTROCARDIOLOGY	0.174649	1,913,042	0	0	334,111
70.00 07000 ELECTROENCEPHALOGRAPHY	0.285080	1,157,661	0	0	330,026
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.489324	2,922,609	0	0	1,430,103
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.562568	1,866,154	0	0	1,049,839
73.00 07300 DRUGS CHARGED TO PATIENTS	0.404570	13,797,499	71,558	0	5,582,054
74.00 07400 RENAL DIALYSIS	0.378866	0	0	0	0
76.00 03021 CARDIAC REHABILITATION	0.384958	279,997	0	0	107,787
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.529446	1,894,211	0	0	1,002,882
90.01 09001 DIABETES CENTER	4.073721	2,877	0	0	11,720
90.02 09002 NEUROPSYCH	0.695376	100,044	0	0	69,568
90.03 09003 WOUND CENTER	0.414701	1,995,666	0	0	827,605
90.04 09004 HYPERBARIC OXYGEN THERAPY	0.245642	660,231	0	0	162,180
91.00 09100 EMERGENCY	0.247397	7,855,913	0	0	1,943,529
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.608124	1,422,349	0	0	864,965
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.599894		0	0	
200.00	Subtotal (see instructions)		73,092,800	101,641	25,365,571
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (line 200 +/- line 201)		73,092,800	101,641	25,365,571

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 6/1/2014 5:50 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02 05404 ULTRA SOUND	0	0		54.02
54.03 05405 MAMMOGRAPHY	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	12,657	0		60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	54	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	28,950	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03021 CARDIAC REHABILITATION	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CENTER	0	0		90.01
90.02 09002 NEUROPSYCH	0	0		90.02
90.03 09003 WOUND CENTER	0	0		90.03
90.04 09004 HYPERBARI C OXYGEN THERAPY	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	41,661	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)	41,661	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150112 Component CCN: 15T112		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 6/1/2014 5:50 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,064,630	71,360,826	0.056959	59,779	3,405	50.00
51.00	05100	RECOVERY ROOM	210,272	4,686,487	0.044868	6,841	307	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	167,623	7,582,806	0.022106	5,772	128	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	720,598	4,758,619	0.151430	16,619	2,517	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	616,462	6,454,295	0.095512	799	76	54.01
54.02	05404	ULTRA SOUND	128,506	4,427,722	0.029023	9,684	281	54.02
54.03	05405	MAMMOGRAPHY	361,391	2,666,915	0.135509	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	645,909	10,036,957	0.064353	0	0	55.00
57.00	05700	CT SCAN	361,776	17,749,839	0.020382	24,248	494	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	159,042	7,033,339	0.022613	10,380	235	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,276,255	16,287,974	0.078356	0	0	59.00
60.00	06000	LABORATORY	1,250,787	32,449,273	0.038546	153,425	5,914	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	171,084	4,635,908	0.036904	5,724	211	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	47,279	2,211,279	0.021381	30,936	661	62.00
65.00	06500	RESPIRATORY THERAPY	639,301	10,163,298	0.062903	85,537	5,381	65.00
66.00	06600	PHYSICAL THERAPY	634,470	10,969,871	0.057838	717,045	41,472	66.00
67.00	06700	OCCUPATIONAL THERAPY	87,000	3,536,881	0.024598	659,354	16,219	67.00
68.00	06800	SPEECH PATHOLOGY	53,130	1,272,589	0.041750	259,424	10,831	68.00
69.00	06900	ELECTROCARDIOLOGY	258,931	9,853,589	0.026278	10,431	274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	105,964	4,904,237	0.021607	4,216	91	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	278,079	19,624,627	0.014170	116,996	1,658	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	81,946	15,383,257	0.005327	149	1	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	983,487	50,460,686	0.019490	497,031	9,687	73.00
74.00	07400	RENAL DIALYSIS	4,371	1,255,228	0.003482	41,184	143	74.00
76.00	03021	CARDIAC REHABILITATION	48,580	687,577	0.070654	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	284,697	3,822,399	0.074481	0	0	90.00
90.01	09001	DIABETES CENTER	41,619	81,713	0.509331	0	0	90.01
90.02	09002	NEUROPSYCH	10,485	191,820	0.054661	0	0	90.02
90.03	09003	WOUND CENTER	230,839	3,711,698	0.062192	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	7,014	1,105,533	0.006344	0	0	90.04
91.00	09100	EMERGENCY	1,040,686	49,959,982	0.020830	7,042	147	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,128,066	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,972,213	386,455,290		2,722,616	100,133	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

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

Worksheet D
Part IV
Date/Time Prepared:
6/1/2014 5:50 pm

Component CCN: 15T112

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	268,050	268,050	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	54.02
54.03	05405	MAMMOGRAPHY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	262,950	262,950	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03021	CARDIAC REHABILITATION	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
90.02	09002	NEUROPSYCH	0	0	0	0	90.02
90.03	09003	WOUND CENTER	0	0	0	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	531,000	531,000	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2014 5:50 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	71,360,826	0.000000	0.000000	59,779	50.00
51.00	05100 RECOVERY ROOM	0	4,686,487	0.000000	0.000000	6,841	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	7,582,806	0.000000	0.000000	5,772	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	268,050	4,758,619	0.056329	0.056329	16,619	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	6,454,295	0.000000	0.000000	799	54.01
54.02	05404 ULTRA SOUND	0	4,427,722	0.000000	0.000000	9,684	54.02
54.03	05405 MAMMOGRAPHY	0	2,666,915	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	10,036,957	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	17,749,839	0.000000	0.000000	24,248	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	7,033,339	0.000000	0.000000	10,380	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	16,287,974	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	32,449,273	0.000000	0.000000	153,425	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	4,635,908	0.000000	0.000000	5,724	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,211,279	0.000000	0.000000	30,936	62.00
65.00	06500 RESPIRATORY THERAPY	0	10,163,298	0.000000	0.000000	85,537	65.00
66.00	06600 PHYSICAL THERAPY	0	10,969,871	0.000000	0.000000	717,045	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,536,881	0.000000	0.000000	659,354	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,272,589	0.000000	0.000000	259,424	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,853,589	0.000000	0.000000	10,431	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,904,237	0.000000	0.000000	4,216	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,624,627	0.000000	0.000000	116,996	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	15,383,257	0.000000	0.000000	149	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	262,950	50,460,686	0.005211	0.005211	497,031	73.00
74.00	07400 RENAL DIALYSIS	0	1,255,228	0.000000	0.000000	41,184	74.00
76.00	03021 CARDIAC REHABILITATION	0	687,577	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	3,822,399	0.000000	0.000000	0	90.00
90.01	09001 DIABETES CENTER	0	81,713	0.000000	0.000000	0	90.01
90.02	09002 NEUROPSYCH	0	191,820	0.000000	0.000000	0	90.02
90.03	09003 WOUND CENTER	0	3,711,698	0.000000	0.000000	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	1,105,533	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	49,959,982	0.000000	0.000000	7,042	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,128,066	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	531,000	386,455,290			2,722,616	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2014 5:50 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	936	0	0	0	0	54.00
54.01	05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRA SOUND	0	0	0	0	0	54.02
54.03	05405 MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,590	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03021 CARDIAC REHABILITATION	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
90.02	09002 NEUROPSYCH	0	0	0	0	0	90.02
90.03	09003 WOUND CENTER	0	0	0	0	0	90.03
90.04	09004 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	3,526	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2014 5:50 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05402 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02 05404 ULTRA SOUND	0	0	54.02
54.03 05405 MAMMOGRAPHY	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 LABORATORY-PATHOLOGICAL	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03021 CARDIAC REHABILITATION	0	0	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETES CENTER	0	0	90.01
90.02 09002 NEUROPSYCH	0	0	90.02
90.03 09003 WOUND CENTER	0	0	90.03
90.04 09004 HYPERBARIC OXYGEN THERAPY	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 6/1/2014 5:50 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,907	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,907	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)		26,642	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)		12,883	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		39,705,872	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)		39,705,872	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		39,705,872	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,327.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,103,986	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)		17,103,986	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 6/1/2014 5:50 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	6,249,913	2,720	2,297.76	1,431	3,288,095		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,663,734		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					45,055,815		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,901,670		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,417,211		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,318,881		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,736,934		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)					3,265		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,327.64		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,334,745		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150112

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

Worksheet D-1
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		Cost	Title XVIII		Hospital		
			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	5,582,725	39,705,872	0.140602	4,334,745	609,474	90.00
91.00	Nursing School cost	0	39,705,872	0.000000	4,334,745	0	91.00
92.00	Allied health cost	0	39,705,872	0.000000	4,334,745	0	92.00
93.00	All other Medical Education	0	39,705,872	0.000000	4,334,745	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 15T112		Date/Time Prepared: 6/1/2014 5:50 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,718	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,718	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,718	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)		2,241	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,411,654	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)		4,411,654	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,411,654	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,186.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,659,103	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)		2,659,103	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15T112				Date/Time Prepared: 6/1/2014 5:50 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,353,196		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,012,299		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)					422,361		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					103,659		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					526,020		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,486,279		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112 Component CCN: 15T112		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 6/1/2014 5:50 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	700,713	4,411,654	0.158832	0	0	90.00
91.00	Nursing School cost	0	4,411,654	0.000000	0	0	91.00
92.00	Allied health cost	0	4,411,654	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,411,654	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 6/1/2014 5:50 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,486,692	30.00
31.00	03100	INTENSIVE CARE UNIT		5,231,933	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.328730	9,386,983	3,085,783 50.00
51.00	05100	RECOVERY ROOM	0.406561	720,014	292,730 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.091595	1,344,023	123,106 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.941312	799,720	752,786 54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.350854	605,262	212,359 54.01
54.02	05404	ULTRA SOUND	0.258276	450,690	116,402 54.02
54.03	05405	MAMMOGRAPHY	0.765244	204	156 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.346838	116,152	40,286 55.00
57.00	05700	CT SCAN	0.104543	2,117,955	221,417 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.128163	831,519	106,570 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.332604	4,110,090	1,367,032 59.00
60.00	06000	LABORATORY	0.422270	5,242,784	2,213,870 60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.313060	234,571	73,435 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.497685	881,790	438,854 62.00
65.00	06500	RESPIRATORY THERAPY	0.490771	4,667,240	2,290,546 65.00
66.00	06600	PHYSICAL THERAPY	0.525532	1,157,813	608,468 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.503438	402,732	202,751 67.00
68.00	06800	SPEECH PATHOLOGY	0.757069	113,850	86,192 68.00
69.00	06900	ELECTROCARDIOLOGY	0.177336	2,393,582	424,468 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.285377	122,199	34,873 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.489324	5,048,255	2,470,232 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.562568	5,256,139	2,956,936 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.404570	11,277,915	4,562,706 73.00
74.00	07400	RENAL DIALYSIS	0.378866	845,793	320,442 74.00
76.00	03021	CARDIAC REHABILITATION	0.387666	7,106	2,755 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.605792	23,723	14,371 90.00
90.01	09001	DIABETES CENTER	4.073721	0	0 90.01
90.02	09002	NEUROPSYCH	0.695376	0	0 90.02
90.03	09003	WOUND CENTER	0.414951	0	0 90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.245757	10,296	2,530 90.04
91.00	09100	EMERGENCY	0.247397	6,635,803	1,641,678 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.608124	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		64,804,203	24,663,734 200.00
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)		64,804,203	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T112		Date/Time Prepared: 6/1/2014 5:50 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,176,452	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.328730	59,779	50.00
51.00	05100	RECOVERY ROOM	0.406561	6,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.091595	5,772	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.941312	16,619	54.00
54.01	05402	NUCLEAR MEDICINE-DIAGNOSTIC	0.350854	799	54.01
54.02	05404	ULTRA SOUND	0.258276	9,684	54.02
54.03	05405	MAMMOGRAPHY	0.765244	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.346838	0	55.00
57.00	05700	CT SCAN	0.104543	24,248	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.128163	10,380	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.332604	0	59.00
60.00	06000	LABORATORY	0.422270	153,425	60.00
60.01	06001	LABORATORY-PATHOLOGICAL	0.313060	5,724	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.497685	30,936	62.00
65.00	06500	RESPIRATORY THERAPY	0.490771	85,537	65.00
66.00	06600	PHYSICAL THERAPY	0.525532	717,045	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.503438	659,354	67.00
68.00	06800	SPEECH PATHOLOGY	0.757069	259,424	68.00
69.00	06900	ELECTROCARDIOLOGY	0.177336	10,431	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.285377	4,216	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.489324	116,996	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.562568	149	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.404570	497,031	73.00
74.00	07400	RENAL DIALYSIS	0.378866	41,184	74.00
76.00	03021	CARDIAC REHABILITATION	0.387666	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.605792	0	90.00
90.01	09001	DIABETES CENTER	4.073721	0	90.01
90.02	09002	NEUROPSYCH	0.695376	0	90.02
90.03	09003	WOUND CENTER	0.414951	0	90.03
90.04	09004	HYPERBARIC OXYGEN THERAPY	0.245757	0	90.04
91.00	09100	EMERGENCY	0.247397	7,042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.608124	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,722,616	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)		2,722,616	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 6/1/2014 5:50 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		21,412,857	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		7,061,687	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		1,414,655	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		141.05	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.99	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.69	31.00
32.00	Sum of lines 30 and 31		27.68	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.05	33.00
34.00	Disproportionate share adjustment (see instructions)		2,792,982	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 6/1/2014 5:50 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000228110	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			2,063,572	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			520,134	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		520,134		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)		33,202,315		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)		33,202,315		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,705,414		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment		25,853		53.00
54.00	Special add-on payments for new technologies		8,199		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)		103,816		58.00
59.00	Total (sum of amounts on lines 49 through 58)		36,045,597		59.00
60.00	Primary payer payments		20,555		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		36,025,042		61.00
62.00	Deductibles billed to program beneficiaries		3,239,320		62.00
63.00	Coinurance billed to program beneficiaries		53,872		63.00
64.00	Allowable bad debts (see instructions)		128,298		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		83,394		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		32,815,244		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)		7,507		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 6/1/2014 5:50 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		32,822,751		71.00
71.01	Sequestration adjustment (see instructions)		495,624		71.01
72.00	Interim payments		32,101,720		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		225,407		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		4,470,903		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150112		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 6/1/2014 5:50 pm	
		Original .mcrx Values		Adjusted .mcax Values		Revised Value	
		1.00		2.00		5.00	
				HFS Look Up		Override Value	
				3.00		4.00	
						PPS	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	6.99	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	20.69	0.00			20.69	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	27.68	0.00			20.69	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	141.05	0.00			141.05	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	12.05	0.00			6.28	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	6.99	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	4.26	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	2,263	0			2,263	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	989	0			989	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	9	0			9	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	3,431	0			3,431	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	65	0			65	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	6,757	0			6,757	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	32,651	0			32,651	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	32,651	0			32,651	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	20.69	0.00			20.69	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150112		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH Date/Time Prepared: 6/1/2014 5:50 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	12.05		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		12.05		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		12.05		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 6/1/2014 5:50 pm
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	6.28	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	6.28	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	6.28	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 6/1/2014 5:50 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		41,661	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,237,048	2.00
3.00	PPS payments		19,638,256	3.00
4.00	Outlier payment (see instructions)		177,284	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		128,523	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		41,661	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		101,641	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)		101,641	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		101,641	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		59,980	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)		41,661	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		19,944,063	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,318,873	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		22	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		15,666,829	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)		15,666,829	30.00
31.00	Primary payer payments		2,917	31.00
32.00	Subtotal (line 30 minus line 31)		15,663,912	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		105,144	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		68,344	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		15,732,256	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)		15,732,256	40.00
40.01	Sequestration adjustment (see instructions)		237,557	40.01
41.00	Interim payments		15,378,928	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		115,771	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		393,750	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150112

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

Worksheet E-1
Part I
Date/Time Prepared:
6/1/2014 5:50 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		32,101,720		15,378,928	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		32,101,720		15,378,928	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		225,407		115,771	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		32,327,127		15,494,699	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: 150112
Component CCN: 15T112

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

Worksheet E-1
Part I
Date/Time Prepared:
6/1/2014 5:50 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,485,347		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,485,347		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		49,955		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,535,302		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150112

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

Worksheet E-1
Part II
Date/Time Prepared:
6/1/2014 5:50 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			8,512 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			14,314 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			2,274 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			29,362 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			458,044,237 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			43,014,618 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)			2,165,166 8.00
9.00	Sequestration adjustment amount (see instructions)			43,303 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			2,121,863 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,053,549 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)			68,314 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 6/1/2014 5:50 pm	
		Title XVIIII	Subprovider - IRF	PPS	
			Prior to 10/01	On/After 10/01	
			1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS					
1.00	Net Federal PPS Payment (see instructions)		2,435,229	852,955	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0426		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		123,953	29,683	3.00
4.00	Outlier Payments		189,121		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00		5.01
6.00	New Teaching program adjustment. (see instructions)		0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00		9.00
10.00	Average Daily Census (see instructions)		10.186301		10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	0	12.00
13.00	Total PPS Payment (see instructions)		3,630,941		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0		16.00
17.00	Subtotal (see instructions)		3,630,941		17.00
18.00	Primary payer payments		0		18.00
19.00	Subtotal (line 17 less line 18).		3,630,941		19.00
20.00	Deductibles		20,100		20.00
21.00	Subtotal (line 19 minus line 20)		3,610,841		21.00
22.00	Coinurance		24,864		22.00
23.00	Subtotal (line 21 minus line 22)		3,585,977		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0		24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		26.00
27.00	Subtotal (sum of lines 23 and 25)		3,585,977		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0		28.00
29.00	Other pass through costs (see instructions)		3,526		29.00
30.00	Outlier payments reconciliation		0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		31.00
31.99	Recovery of Accelerated Depreciation		0		31.99
32.00	Total amount payable to the provider (see instructions)		3,589,503		32.00
32.01	Sequestration adjustment (see instructions)		54,201		32.01
33.00	Interim payments		3,485,347		33.00
34.00	Tentative settlement (for contractor use only)		0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		49,955		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		27,636		36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		189,121		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0		51.00
52.00	The rate used to calculate the Time Value of Money		0.00		52.00
53.00	Time Value of Money (see instructions)		0		53.00

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

Provider CCN: 150112

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

Worksheet G

Date/Time Prepared:
6/1/2014 5:50 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	28,603,916	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	51,961,403	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-26,600,476	0	0	0	6.00
7.00	Inventory	2,929,982	0	0	0	7.00
8.00	Prepaid expenses	2,841,928	0	0	0	8.00
9.00	Other current assets	12,930,027	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	72,666,780	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,770,052	0	0	0	12.00
13.00	Land improvements	17,322,405	0	0	0	13.00
14.00	Accumulated depreciation	-10,252,510	0	0	0	14.00
15.00	Buildings	174,961,424	0	0	0	15.00
16.00	Accumulated depreciation	-102,804,396	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	7,871,719	0	0	0	19.00
20.00	Accumulated depreciation	-4,099,769	0	0	0	20.00
21.00	Automobiles and trucks	1,937,450	0	0	0	21.00
22.00	Accumulated depreciation	-1,649,159	0	0	0	22.00
23.00	Major movable equipment	120,427,693	0	0	0	23.00
24.00	Accumulated depreciation	-83,665,359	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	121,819,550	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	13,802,682	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	136,418,386	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	150,221,068	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	344,707,398	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,105,141	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,263,744	0	0	0	38.00
39.00	Payroll taxes payable	936,907	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,755,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	11,628,143	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	35,688,935	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	42,885,593	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,398,193	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	45,283,786	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	80,972,721	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	263,734,677				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)	263,734,677	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	344,707,398	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150112

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

Worksheet G-1

Date/Time Prepared:
6/1/2014 5:50 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		247,700,895		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		16,033,782			2.00
3.00	Total (sum of line 1 and line 2)		263,734,677		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		263,734,677		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		263,734,677		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: 150112

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/1/2014 5:50 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	47,454,370		47,454,370	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	5,273,226		5,273,226	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)	52,727,596		52,727,596	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,683,437		9,683,437	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,683,437		9,683,437	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	62,411,033		62,411,033	17.00
18.00	Ancillary services	116,736,478	221,084,437	337,820,915	18.00
19.00	Outpatient services	11,178,405	38,781,584	49,959,989	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	6,693,296	6,693,296	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	LEVEL II NURSERY	2,407,829	0	2,407,829	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	192,733,745	266,559,317	459,293,062	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		207,704,492		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	PROVISION FOR BAD DEBT	8,406,054			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)		8,406,054		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		216,110,546		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150112

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

Worksheet G-3

Date/Time Prepared:
6/1/2014 5:50 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	459,293,062	1.00
2.00	Less contractual allowances and discounts on patients' accounts	237,801,022	2.00
3.00	Net patient revenues (line 1 minus line 2)	221,492,040	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	216,110,546	4.00
5.00	Net income from service to patients (line 3 minus line 4)	5,381,494	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	309,528	6.00
7.00	Income from investments	3,871,238	7.00
8.00	Revenues from telephone and other miscellaneous communication services	31,620	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	123,223	10.00
11.00	Rebates and refunds of expenses	5,938	11.00
12.00	Parking lot receipts	120	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	953,930	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	56,074	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	51,665	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	20,240	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	6,477	20.00
21.00	Rental of vending machines	110	21.00
22.00	Rental of hospital space	96,072	22.00
23.00	Governmental appropriations	701,182	23.00
24.00	JOINT VENTURE	154,474	24.00
24.01	WELLNESS REVENUE	287,172	24.01
24.02	EAP REVENUE	46,778	24.02
24.03	EHR REVENUE	2,424,820	24.03
24.04	UNREALIZED INVESTMENT GAINS	8,744,414	24.04
24.05	CHANGE IN RESTRICTED FUND BALANCES	-1,484,220	24.05
24.06	OTHER OPERATING INCOME	379,500	24.06
24.07	OTHER (SPECIFY)	0	24.07
25.00	Total other income (sum of lines 6-24)	16,780,355	25.00
26.00	Total (line 5 plus line 25)	22,161,849	26.00
27.00	LOSS ON DISPOSAL OF ASSET	26,837	27.00
27.01	WRITEOFF OF GOODWILL	913,669	27.01
27.02	OTHER NON-OPERATING EXPENSES	5,187,561	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	6,128,067	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	16,033,782	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150112	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 6/1/2014 5:50 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,263,172	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		311,657	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)		80.44	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.99	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.69	8.00
9.00	Sum of lines 7 and 8		27.68	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.77	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		130,585	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,705,414	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00