

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: 150154

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

Worksheet 5  
Parts I-III  
Date/Time Prepared:  
5/27/2014 11:48 am

**PART I - COST REPORT STATUS**

Provider use only  
1.  Electronically filed cost report  
2.  Manually submitted cost report  
3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
4.  Medicare Utilization. Enter "F" for full or "L" for low.  
Date: 5/27/2014 Time: 11:48 am

Contractor use only  
5.  Cost Report Status  
(1) As Submitted  
(2) Settled without Audit  
(3) Settled with Audit  
(4) Reopened  
(5) Amended  
6. Date Received:  
7. Contractor No.  
8.  Initial Report for this Provider CCN  
9.  Final Report for this Provider CCN  
10. NPR Date:  
11. Contractor's Vendor Code: 4  
12.  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 INDIANA HEART HOSPITAL ( 150154 ) 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) *Holly A. Millard*  
Officer or Administrator of Provider(s)  
Interim CFO  
Title  
5/27/14  
Date

**Encryption Information**

ECR: Date: 5/27/2014 Time: 11:48 am  
No. 8zbvFypXT6jo8V3dmi41b31nxk0  
pgfwd0Byrg6ENT0M4BJXVX8YcF5Bec  
8uKu1G8TsN02Bamk  
PI: Date: 5/27/2014 Time: 11:48 am  
ixfgd4Ijky1f2LhDPseJjmE1ICChZ0  
RwbTU0kt161nxJhk4yxwvryh86CVxx  
E9XF0aB3HP0ok100

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	38,414	43,652	15,537	1,108,315	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
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
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	38,414	43,652	15,537	1,108,315	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150154		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 11:47 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 8075 NORTH SHADELAND AVENUE			PO Box:				1.00		
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46256		County: MARION		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00 8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			INDIANA HEART HOSPITAL	150154	26900	1	02/25/2003	N P P	
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2013	12/31/2013		20.00
21.00	Type of Control (see instructions)						2		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						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 N		22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3 N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	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.			0	0	0	0	0	0	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0	
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	Y	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.16	0.16		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)		0.16	0.16		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	3.00
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	0.00	0.16	0.000000	67.00
					1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00
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
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?				N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				N		106.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 11:47 am			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00	
				1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75	169.00	
				Begining	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				10/01/2012	09/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 11:47 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N	Legal Oper.		
		1.00	2.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
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		03/17/2014	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:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150154

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/27/2014 11:47 am

	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
						1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
<b>Interest Expense</b>						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
<b>Purchased Services</b>						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
<b>Provider-Based Physicians</b>						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
						Y/N
						Date
						1.00
						2.00
<b>Home Office Costs</b>						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
						1.00
						2.00
<b>Cost Report Preparer Contact Information</b>						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANDREW		MCMULLEN		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-3643		AMCMULLEN@COMMUNITY.COM		43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/17/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR. REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150154

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2014 11:47 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	40	14,600	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)		40	14,600	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	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)		56	20,440	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		56				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: 150154

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2014 11:47 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,187	586	7,943			1.00
2.00 HMO and other (see instructions)	1,951	34				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,187	586	7,943			7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT	1,629	0	3,320			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)	5,816	586	11,263	0.16	368.91	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.16	368.91	27.00
28.00 Observation Bed Days		60	776			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	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: 150154

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2014 11:47 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,395	116	2,880	1.00
2.00 HMO and other (see instructions)				463			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,395	116	2,880	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150154

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2014 11:47 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	22,220,914	2,440,457	24,661,371	767,342.00	32.14
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		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)		296,742	28,196	324,938	10,181.00	31.92
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		635,202	0	635,202	7,938.00	80.02
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		4,577,670	0	4,577,670	41,785.00	109.55
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		7,390,815	0	7,390,815		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		105,730	0	105,730		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	203,395	0	203,395	7,411.00	27.45
27.00	Administrative & General	5.00	1,502,849	1,731,179	3,234,028	50,388.00	64.18
28.00	Administrative & General under contract (see inst.)		1,413,121	0	1,413,121	12,111.00	116.68
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	245,843	0	245,843	9,918.00	24.79
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	447,887	0	447,887	35,224.00	12.72
33.00	Housekeeping under contract (see instructions)		120,655	0	120,655	3,510.00	34.37
34.00	Dietary	10.00	540,648	-485,689	54,959	5,378.00	10.22
35.00	Dietary under contract (see instructions)		428,933	0	428,933	12,456.00	34.44
36.00	Cafeteria	11.00	0	485,689	485,689	33,119.00	14.66
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,018,071	-187,976	830,095	21,279.00	39.01
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00
41.00	Medical Records & Medical Records Library	16.00	152,004	0	152,004	2,751.00	55.25

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150154

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2014 11:47 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	435,775	0	435,775	12,796.00	34.06	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: 150154

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/27/2014 11:47 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	24,183,623	2,440,457	26,624,080	795,419.00	33.47	1.00
2.00	Excluded area salaries (see instructions)	296,742	28,196	324,938	10,181.00	31.92	2.00
3.00	Subtotal salaries (line 1 minus line 2)	23,886,881	2,412,261	26,299,142	785,238.00	33.49	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,212,872	0	5,212,872	49,723.00	104.84	4.00
5.00	Subtotal wage-related costs (see inst.)	7,390,815	0	7,390,815	0.00	28.10	5.00
6.00	Total (sum of lines 3 thru 5)	36,490,568	2,412,261	38,902,829	834,961.00	46.59	6.00
7.00	Total overhead cost (see instructions)	6,509,181	1,543,203	8,052,384	206,341.00	39.02	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2014 11:47 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,945,438 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			1,048,550 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			10,567 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			4,322,907 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			36,423 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			92,260 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			65,619 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			1,593,496 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			45,358 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			9,160,618 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150154

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/27/2014 11:47 am

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/27/2014 11:47 am
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.224232		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		2,525,777		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		19,508,060		6.00	
7.00	Medicaid cost (line 1 times line 6)		4,374,331		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)		1,848,554		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
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	
<b>Uncompensated care (see instructions for each line)</b>						
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)		1,848,554		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		6,198,797	1,090,749	7,289,546	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,389,969	244,581	1,634,550	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		1,389,969	244,581	1,634,550	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				1,641,903	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				179,259	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				1,462,644	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				327,972	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				1,962,522	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				3,811,076	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150154

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

Worksheet A  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	2,690,513	2,690,513	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	5,731,256	5,731,256	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	203,395	4,678,326	4,881,721	1,834,551	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,502,849	18,113,579	19,616,428	-6,789,883	5.00
7.00	00700	OPERATION OF PLANT	245,843	2,204,578	2,450,421	125,675	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	82,026	82,026	177,514	8.00
9.00	00900	HOUSEKEEPING	447,887	337,404	785,291	-9,845	9.00
10.00	01000	DIETARY	540,648	1,026,005	1,566,653	-1,357,246	10.00
11.00	01100	CAFETERIA	0	0	0	1,393,090	11.00
13.00	01300	NURSING ADMINISTRATION	1,018,071	1,991,363	3,009,434	-243,790	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	152,004	1,317,548	1,469,552	-3,866	16.00
17.00	01700	SOCIAL SERVICE	435,775	602,734	1,038,509	-15,937	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00	02300	ALLIED HEALTH - EMS PROGRAM	0	0	0	9,474	23.00
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	0	10,742	23.01
23.02	02302	ALLIED HEALTH - PHARMACY	0	0	0	16,396	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,891,437	1,271,756	6,163,193	-351,371	30.00
32.00	03200	CORONARY CARE UNIT	2,522,273	536,766	3,059,039	-102,965	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,494,212	9,602,684	11,096,896	-7,747,317	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	841,185	386,200	1,227,385	-589,968	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	305	131,907	132,212	436,478	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,591,049	16,812,676	18,403,725	-15,295,006	59.00
60.00	06000	LABORATORY	0	1,770,358	1,770,358	-893	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	827,595	396,673	1,224,268	-313,711	65.00
66.00	06600	PHYSICAL THERAPY	142,771	27,136	169,907	-71,204	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	59,813	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,425	68.00
69.00	06900	ELECTROCARDIOLOGY	1,085,042	-695,803	389,239	181,099	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,911	2,911	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	807,951	807,951	9,890,694	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	219,077	219,077	13,631,901	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,454,414	2,910,318	4,364,732	-624,930	73.00
74.00	07400	RENAL DIALYSIS	0	212,541	212,541	-4,118	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	3,481	19,260	22,741	-15,819	76.00
76.97	07697	CARDIAC REHABILITATION	290,962	134,809	425,771	-40,106	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	777,060	318,155	1,095,215	-94,006	90.00
90.24	04973	PALLIATIVE CARE	0	109,953	109,953	0	90.24
91.00	09100	EMERGENCY	1,455,914	915,464	2,371,378	-67,369	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150154

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

Worksheet A  
Date/Time Prepared:  
5/27/2014 11:47 am

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	
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,924,172	66,244,355	88,168,527	2,456,271	90,624,798
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,126	2,387	4,513	-4,392	121
191.00	19100	RESEARCH	294,616	53,646	348,262	-7,760	340,502
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,457,449	7,457,449	-2,444,119	5,013,330
193.00	19300	NONPAID WORKERS	0	0	0	0	0
200.00		TOTAL (SUM OF LINES 118-199)	22,220,914	73,757,837	95,978,751	0	95,978,751

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150154

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

Worksheet A  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	100,698	2,791,211	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-2,585,399	3,145,857	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,113,506	7,829,778	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,481,277	5,345,268	5.00
7.00	00700	OPERATION OF PLANT	-20,000	2,556,096	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	259,540	8.00
9.00	00900	HOUSEKEEPING	0	775,446	9.00
10.00	01000	DIETARY	-444,295	-234,888	10.00
11.00	01100	CAFETERIA	0	1,393,090	11.00
13.00	01300	NURSING ADMINISTRATION	-583,233	2,182,411	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,465,686	16.00
17.00	01700	SOCIAL SERVICE	0	1,022,572	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	9,241	9,241	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	29,664	29,664	22.00
23.00	02300	ALLIED HEALTH - EMS PROGRAM	0	9,474	23.00
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	10,742	23.01
23.02	02302	ALLIED HEALTH - PHARMACY	0	16,396	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	5,811,822	30.00
32.00	03200	CORONARY CARE UNIT	-79,660	2,876,414	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-44,402	3,305,177	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-26,916	610,501	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	568,690	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,965	14,965	58.00
59.00	05900	CARDIAC CATHETERIZATION	-250,240	2,858,479	59.00
60.00	06000	LABORATORY	-336,052	1,433,413	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	910,557	65.00
66.00	06600	PHYSICAL THERAPY	0	98,703	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	59,813	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,425	68.00
69.00	06900	ELECTROCARDIOLOGY	-275,372	294,966	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,911	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,698,645	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,850,978	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,306	3,756,108	73.00
74.00	07400	RENAL DIALYSIS	0	208,423	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03330	ENDOSCOPY	0	6,922	76.00
76.97	07697	CARDIAC REHABILITATION	-10,580	375,085	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	-127,082	874,127	90.00
90.24	04973	PALLIATIVE CARE	-109,953	0	90.24
91.00	09100	EMERGENCY	-656,369	1,647,640	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150154

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

Worksheet A  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,746,450	78,878,348	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-5,773	-5,652	190.00
191.00	19100	RESEARCH	0	340,502	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	254,108	5,267,438	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-11,498,115	84,480,636	200.00

RECLASSIFICATIONS

Provider CCN: 150154

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

Worksheet A-6

Date/Time Prepared:  
5/27/2014 11:47 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - Depreciation Expense</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,748,574	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,303,696	2.00	
	TOTALS		0	4,052,270		
<b>B - Interest Expense</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,632,063	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	2,632,063		
<b>C - Implantable Device Reclass</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		83,377	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		13,834,942	2.00	
			0	13,918,319		
<b>D - Laundry and Linen Reclass</b>						
1.00	LAUNDRY & LINEN SERVICE	8.00		177,514	1.00	
			0	177,514		
<b>E - Rent Expense</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	795,497	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,918	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
	TOTALS		0	827,415		
<b>F - Dietary Food Service Allocation</b>						
1.00	DIETARY	10.00	0	28,745	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
	TOTALS		0	28,745		
<b>G - Cafeteria Salary</b>						
1.00	CAFETERIA	11.00	485,689	0	1.00	
			485,689	0		
<b>H - Cafeteria Other</b>						
1.00	CAFETERIA	11.00	0	907,401	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
TOTALS			0	907,401		
<b>I - Chargeable Medical Supplies</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		9,965,978	1.00	
2.00					2.00	
3.00					3.00	
4.00					4.00	
5.00					5.00	
6.00					6.00	
7.00					7.00	
8.00					8.00	
9.00					9.00	
10.00					10.00	
11.00					11.00	
12.00					12.00	
13.00			0	9,965,978	13.00	
<b>J - Therapy Other</b>						
1.00	OCCUPATIONAL THERAPY	67.00		4,513	1.00	
2.00	SPEECH PATHOLOGY	68.00		485	2.00	
			0	4,998		
<b>K - Therapy Salary</b>						
1.00	OCCUPATIONAL THERAPY	67.00		55,300	1.00	
2.00	SPEECH PATHOLOGY	68.00		5,940	2.00	
			0	61,240		
<b>L - Drugs Charges to Pat</b>						
1.00	OPERATING ROOM	50.00		429,079	1.00	
2.00					2.00	
3.00					3.00	
4.00					4.00	
			0	429,079		
<b>M - Repairs and Maintenance Recl ass</b>						
1.00	OPERATION OF PLANT	7.00	0	129,574	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
TOTALS			0	129,574		
<b>N - Pension Expense Recl ass</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		1,843,557	1.00	
2.00					2.00	
3.00					3.00	
4.00					4.00	
5.00					5.00	
6.00					6.00	
7.00					7.00	
8.00					8.00	
9.00					9.00	
10.00					10.00	
11.00					11.00	
12.00					12.00	
13.00					13.00	
14.00					14.00	
15.00					15.00	
16.00					16.00	
17.00					17.00	
18.00					18.00	
19.00					19.00	
20.00			0	1,843,557	20.00	

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
<b>0 - Space Rental &amp; Property Tax</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	868,700	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	868,700	
<b>P - Capital Insurance Costs</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	73,239	1.00
	TOTALS		0	73,239	
<b>Q - Cat Scan Salary Reclass</b>					
1.00	CT_SCAN	57.00	339,419	0	1.00
			339,419	0	
<b>R - Cat Scan Other Reclass</b>					
1.00	CT_SCAN	57.00	0	99,876	1.00
			0	99,876	
<b>S - Pharmacy Residency</b>					
1.00	ALLIED HEALTH - PHARMACY	23.02	12,431	0	1.00
	TOTALS		12,431	0	
<b>T - Pharmacy Residency</b>					
1.00	ALLIED HEALTH - PHARMACY	23.02	0	3,965	1.00
			0	3,965	
<b>U - MEDICAL DIRECTOR RECLASS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	1,731,179	0	1.00
2.00	CORONARY CARE UNIT	32.00	122,086	0	2.00
3.00	OPERATING ROOM	50.00	52,024	0	3.00
4.00	CARDIAC CATHETERIZATION	59.00	306,740	0	4.00
5.00	ELECTROCARDIOLOGY	69.00	377,690	0	5.00
6.00	CLINIC	90.00	42,376	0	6.00
7.00	NURSING ADMINISTRATION	13.00	2,444,119	0	7.00
	TOTALS		5,076,214	0	
<b>V - EIB RECLASS</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	3,662	1.00
	TOTALS		0	3,662	
<b>W - EMS School Allied Health</b>					
1.00	ALLIED HEALTH - EMS PROGRAM	23.00	5,786	0	1.00
			5,786	0	
<b>X - EMS School Allied Health</b>					
1.00	ALLIED HEALTH - EMS PROGRAM	23.00	0	3,688	1.00
	TOTALS		0	3,688	
<b>Y - Radiology School Allied Health</b>					
1.00	ALLIED HEALTH - RADIOLOGY SCHOOL	23.01	9,979	0	1.00
2.00			9,979	0	2.00
<b>Z - Radiology School Allied Health</b>					
1.00	ALLIED HEALTH - RADIOLOGY SCHOOL	23.01	0	763	1.00
2.00			0	763	2.00
<b>AA - CARDIAC REHAB DIRECTOR</b>					
1.00	CARDIAC REHABILITATION	76.97	50,135	0	1.00
			50,135	0	
500.00	Grand Total: Increases		5,979,653	36,032,046	500.00

RECLASSIFICATIONS

Provider CCN: 150154

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

Worksheet A-6  
Date/Time Prepared:  
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
<b>A - Depreciation Expense</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,052,270	9	1.00	
2.00		0.00	0	0	9	2.00	
	TOTALS		0	4,052,270			
<b>B - Interest Expense</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,631,660	11	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	403	11	2.00	
	TOTALS		0	2,632,063			
<b>C - Implantable Device Recl class</b>							
1.00	OPERATING ROOM	50.00		4,155,726		1.00	
2.00	CARDIAC CATHETERIZATION	59.00		9,762,593		2.00	
			0	13,918,319			
<b>D - Laundry and Linen Recl class</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		177,514		1.00	
			0	177,514			
<b>E - Rent Expense</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,976	10	1.00	
2.00	OPERATION OF PLANT	7.00	0	70	10	2.00	
3.00	HOUSEKEEPING	9.00	0	210	10	3.00	
4.00	DIETARY	10.00	0	2,047	10	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	1,128	10	5.00	
6.00	SOCIAL SERVICE	17.00	0	70	10	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	514	10	7.00	
8.00	CORONARY CARE UNIT	32.00	0	335	10	8.00	
9.00	OPERATING ROOM	50.00	0	170,988	10	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,252	10	10.00	
11.00	CARDIAC CATHETERIZATION	59.00	0	255,964	10	11.00	
12.00	LABORATORY	60.00	0	33	10	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	11,088	10	13.00	
14.00	ELECTROCARDIOLOGY	69.00	0	1,096	10	14.00	
15.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	203,041	10	15.00	
16.00	DRUGS CHARGED TO PATIENTS	73.00	0	172,028	10	16.00	
17.00	CLINIC	90.00	0	210	10	17.00	
18.00	EMERGENCY	91.00	0	365	10	18.00	
	TOTALS		0	827,415			
<b>F - Dietary Food Service Allocation</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,503	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	18,386	0	2.00	
3.00	HOUSEKEEPING	9.00	0	440	0	3.00	
4.00	SOCIAL SERVICE	17.00	0	50	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	479	0	5.00	
6.00	CORONARY CARE UNIT	32.00	0	6	0	6.00	
7.00	OPERATING ROOM	50.00	0	547	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	160	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	56	0	9.00	
10.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14	0	10.00	
11.00	DRUGS CHARGED TO PATIENTS	73.00	0	60	0	11.00	
12.00	CARDIAC REHABILITATION	76.97	0	167	0	12.00	
13.00	CLINIC	90.00	0	125	0	13.00	
14.00	EMERGENCY	91.00	0	242	0	14.00	
15.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,196	0	15.00	
16.00	RESEARCH	191.00	0	1,314	0	16.00	
	TOTALS		0	28,745			
<b>G - Cafeteria Salary</b>							
1.00	DIETARY	10.00	485,689			1.00	
			485,689	0			
<b>H - Cafeteria Other</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,503	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	18,386	0	2.00	
3.00	HOUSEKEEPING	9.00	0	440	0	3.00	
4.00	DIETARY	10.00	0	878,656	0	4.00	
5.00	SOCIAL SERVICE	17.00	0	50	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	479	0	6.00	
7.00	CORONARY CARE UNIT	32.00	0	6	0	7.00	
8.00	OPERATING ROOM	50.00	0	547	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	160	0	9.00	
10.00	RESPIRATORY THERAPY	65.00	0	56	0	10.00	
11.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14	0	11.00	
12.00	DRUGS CHARGED TO PATIENTS	73.00	0	60	0	12.00	

RECLASSIFICATIONS

Provider CCN: 150154

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

Worksheet A-6  
Date/Time Prepared:  
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	CARDIAC REHABILITATION	76.97	0	167	0		13.00
14.00	CLINIC	90.00	0	125	0		14.00
15.00	EMERGENCY	91.00	0	242	0		15.00
16.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,196	0		16.00
17.00	RESEARCH	191.00	0	1,314	0		17.00
	TOTALS		0	907,401			
<b>I - Chargeable Medical Supplies</b>							
1.00	ADULTS & PEDIATRICS	30.00		144,504			1.00
2.00	CORONARY CARE UNIT	32.00		131,043			2.00
3.00	OPERATING ROOM	50.00		3,862,552			3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00		20,239			4.00
5.00	CARDIAC CATHETERIZATION	59.00		5,468,138			5.00
6.00	RESPIRATORY THERAPY	65.00		273,292			6.00
7.00	ELECTROCARDIOLOGY	69.00		3,982			7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00		34,791			8.00
9.00	RENAL DIALYSIS	74.00		4,118			9.00
10.00	ENDOSCOPY	76.00		15,819			10.00
11.00	CARDIAC REHABILITATION	76.97		428			11.00
12.00	CLINIC	90.00		112			12.00
13.00	EMERGENCY	91.00		6,960			13.00
	TOTALS		0	9,965,978			
<b>J - Therapy Other</b>							
1.00	PHYSICAL THERAPY	66.00		4,998			1.00
2.00			0	4,998			2.00
<b>K - Therapy Salary</b>							
1.00	PHYSICAL THERAPY	66.00		61,240			1.00
2.00			0	61,240			2.00
<b>L - Drugs Charges to Pat</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00		90,780			1.00
2.00	ELECTROCARDIOLOGY	69.00		195			2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00		337,997			3.00
4.00	CLINIC	90.00		107			4.00
	TOTALS		0	429,079			
<b>M - Repairs and Maintenance Recl ass</b>							
1.00	HOUSEKEEPING	9.00	0	4,835	0		1.00
2.00	DIETARY	10.00	0	1,614	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	7,661	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	2,340	0		4.00
5.00	OPERATING ROOM	50.00	0	3,574	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,145	0		6.00
7.00	CT SCAN	57.00	0	2,817	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	68,453	0		8.00
9.00	LABORATORY	60.00	0	860	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	1,683	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	0	4,276	0		11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,037	0		12.00
13.00	CARDIAC REHABILITATION	76.97	0	6,568	0		13.00
14.00	EMERGENCY	91.00	0	3,711	0		14.00
	TOTALS		0	129,574			
<b>N - Pension Expense Recl ass</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00		1,213,082			1.00
2.00	OPERATION OF PLANT	7.00		3,829			2.00
3.00	HOUSEKEEPING	9.00		3,920			3.00
4.00	DIETARY	10.00		6,433			4.00
5.00	NURSING ADMINISTRATION	13.00		54,686			5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00		3,866			6.00
7.00	SOCIAL SERVICE	17.00		15,767			7.00
8.00	ADULTS & PEDIATRICS	30.00		147,599			8.00
9.00	CORONARY CARE UNIT	32.00		91,321			9.00
10.00	OPERATING ROOM	50.00		34,486			10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00		23,170			11.00
12.00	CARDIAC CATHETERIZATION	59.00		39,220			12.00
13.00	RESPIRATORY THERAPY	65.00		27,536			13.00
14.00	PHYSICAL THERAPY	66.00		4,966			14.00
15.00	ELECTROCARDIOLOGY	69.00		23,405			15.00
16.00	DRUGS CHARGED TO PATIENTS	73.00		63,598			16.00
17.00	CARDIAC REHABILITATION	76.97		12,574			17.00
18.00	CLINIC	90.00		22,592			18.00
19.00	EMERGENCY	91.00		46,375			19.00
20.00	RESEARCH	191.00		5,132			20.00

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
		0	1,843,557			
<b>O - Space Rental &amp; Property Tax</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	510,063	10	1.00
2.00	DIETARY	10.00	0	11,552	10	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	163,637	10	3.00
4.00	CARDIAC REHABILITATION	76.97	0	70,337	10	4.00
5.00	CLINIC	90.00	0	113,111	10	5.00
	TOTALS		0	868,700		
<b>P - Capital Insurance Costs</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	73,239	12	1.00
	TOTALS		0	73,239		
<b>Q - Cat Scan Salary Recl ass</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	339,419			1.00
	TOTALS		339,419	0		
<b>R - Cat Scan Other Recl ass</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00		99,876		1.00
	TOTALS		0	99,876		
<b>S - Pharmacy Residency</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	12,431	0	0	1.00
	TOTALS		12,431	0		
<b>T - Pharmacy Residency</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00		3,965		1.00
	TOTALS		0	3,965		
<b>U - MEDICAL DIRECTOR RECLASS</b>						
1.00	NURSING ADMINISTRATION	13.00	2,632,095	0	0	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,444,119	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
	TOTALS		2,632,095	2,444,119		
<b>V - EIB RECLASS</b>						
1.00	ADULTS & PEDIATRICS	30.00	3,662	0	0	1.00
	TOTALS		3,662	0		
<b>W - EMS School Allied Health</b>						
1.00	EMERGENCY	91.00	5,786			1.00
	TOTALS		5,786	0		
<b>X - EMS School Allied Health</b>						
1.00	EMERGENCY	91.00	0	3,688	0	1.00
	TOTALS		0	3,688		
<b>Y - Radiology School Allied Health</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	3,164			1.00
2.00	CARDIAC CATHETERIZATION	59.00	6,815			2.00
	TOTALS		9,979	0		
<b>Z - Radiology School Allied Health</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00		200		1.00
2.00	CARDIAC CATHETERIZATION	59.00		563		2.00
	TOTALS		0	763		
<b>AA - CARDIAC REHAB DIRECTOR</b>						
1.00	ADULTS & PEDIATRICS	30.00	50,135			1.00
	TOTALS		50,135	0		
500.00	Grand Total: Decreases		3,539,196	38,472,503		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150154

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/27/2014 11:47 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	55,128,913	0	0	0	1,289,517	3.00
4.00	Building Improvements	730,052	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	24,995,191	4,379,431	0	4,379,431	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	80,854,156	4,379,431	0	4,379,431	1,289,517	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	80,854,156	4,379,431	0	4,379,431	1,289,517	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	53,839,396	0				3.00
4.00	Building Improvements	730,052	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	29,374,622	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	83,944,070	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	83,944,070	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150154

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/27/2014 11:47 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150154

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	54,569,448	0	54,569,448	0.650069	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	29,374,622	0	29,374,622	0.349931	0	2.00
3.00	Total (sum of lines 1-2)	83,944,070	0	83,944,070	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,849,272	868,700	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,303,696	795,497	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,152,968	1,664,197	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	73,239	0	0	2,791,211	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	46,664	0	0	0	3,145,857	2.00
3.00	Total (sum of lines 1-2)	46,664	73,239	0	0	5,937,068	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-4,081		ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-12,502		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-17,306		CAP REL COSTS-MVBLE EQUIP	2.00	11	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,825,161				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	-44,359				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-360,099		DIETARY	10.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		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
33.00 Misc Revenue	B	-485		ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01 Misc Revenue	B	-61,185		DIETARY	10.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150154

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

Worksheet A-8

Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.02 Misc Revenue	B	-46,105	CARDIAC REHABILITATION	76.97	0 33.02
33.03 Cafeteria Revenue	B	-18,102	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 33.03
34.00 HAF Tax Offset	A	-3,353,651	ADMINISTRATIVE & GENERAL	5.00	0 34.00
34.01 Misc Rev Acct 35100	B	-20,000	OPERATION OF PLANT	7.00	0 34.01
34.02 Misc Rev Acct 35100	B	-324	CLINIC	90.00	0 34.02
34.03 MRI Expense	A	14,965	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 34.03
35.00 Disposal of Assets	B	64,236	CAP REL COSTS-MVBLE EQUIP	2.00	11 35.00
36.00 IHH Leased Employee	B	-377,532	ADMINISTRATIVE & GENERAL	5.00	0 36.00
36.01 Corporate Sponsorship	A	-30,000	ADMINISTRATIVE & GENERAL	5.00	0 36.01
36.03 Non Allow Marketing Expense	A	-548,437	ADMINISTRATIVE & GENERAL	5.00	0 36.03
36.04 Board of Directors Meeting Expense	A	-21,519	ADMINISTRATIVE & GENERAL	5.00	0 36.04
36.05 Telephone Services	A	-669	CAP REL COSTS-MVBLE EQUIP	2.00	11 36.05
37.00 Non-Allow Interest Expense	A	-2,631,660	CAP REL COSTS-MVBLE EQUIP	2.00	11 37.00
38.00 Bad Debt Expense	A	-1,602,160	ADMINISTRATIVE & GENERAL	5.00	0 38.00
38.01 Bad Debt Expense	A	-1,278	OPERATING ROOM	50.00	0 38.01
38.02 Bad Debt Expense	A	-38,465	ELECTROCARDIOLOGY	69.00	0 38.02
39.00 Non-Allowable Penalties	A	-1	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00 Non-Allowable Penalties	A	-29	ADMINISTRATIVE & GENERAL	5.00	0 40.00
44.00 Pharmacy Residency	A	16,306	DRUGS CHARGED TO PATIENTS	73.00	0 44.00
45.00 Meals of Wheels Cost	A	-16,247	DIETARY	10.00	0 45.00
47.00		0		0.00	0 47.00
47.01 Medical Director Site-CHS	A	-240,402	NURSING ADMINISTRATIVE	13.00	0 47.01
47.02 Medical Director Site-CHN	A	-205,736	NURSING ADMINISTRATIVE	13.00	0 47.02
47.03 Medical Director Site-CHE	A	-129,154	NURSING ADMINISTRATIVE	13.00	0 47.03
47.04 A-8 Allied Health Program Expense -CH&V	A	9,474	EMERGENCY	91.00	0 47.04
47.05 INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	-109,953	PALLIATIVE CARE	90.24	0 47.05
47.06 PENSION EXPENSE	A	1,113,506	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 47.06
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,498,115			50.00

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

Provider CCN: 150154

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

Worksheet A-8-1

Date/Time Prepared:  
5/27/2014 11:47 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	60.00	LABORATORY	MACL	742,598	1,078,650
2.00	21.00	I&R SERVICES-SALARY & FRINGE	INTERNS AND RESIDENTS	9,241	0
3.00	1.00	CAP REL COSTS-BLDG & FIXT	IHH POB	100,698	0
3.01	5.00	ADMINISTRATIVE & GENERAL	IHH POB	54,640	170,575
3.02	10.00	DIETARY	IHH POB	4,788	11,552
3.03	69.00	ELECTROCARDIOLOGY	IHH POB	68,199	0
3.04	76.97	CARDIAC REHABILITATION	IHH POB	35,525	0
3.05	90.00	CLINIC	IHH POB	17,738	113,110
3.06	190.00	GIFT, FLOWER, COFFEE SHOP &	IHH POB	12,329	0
3.07	192.00	PHYSICIANS' PRIVATE OFFICES	IHH POB	254,108	0
4.00	22.00	I&R SERVICES-OTHER PRGM. COS	INTERNS AND RESIDENTS	29,664	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			1,329,528	1,373,887

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

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

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

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

6.00	B		100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150154

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

Worksheet A-8-1

Date/Time Prepared:  
5/27/2014 11:47 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-336,052	0		1.00
2.00	9,241	0		2.00
3.00	100,698	9		3.00
3.01	-115,935	0		3.01
3.02	-6,764	0		3.02
3.03	68,199	0		3.03
3.04	35,525	0		3.04
3.05	-95,372	0		3.05
3.06	12,329	0		3.06
3.07	254,108	0		3.07
4.00	29,664	0		4.00
5.00	-44,359			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150154

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

Worksheet A-8-2

Date/Time Prepared:  
5/27/2014 11:47 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	13.00	DR. E	9,986	0	9,986	177,200	24	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,731,179	0	1,731,179	177,200	3,712	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	517,750	0	517,750	200,300	8,760	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	26,916	26,916	0	0	0	4.00
5.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	306,740	0	306,740	208,000	565	5.00
6.00	90.00	DR. B	42,376	0	42,376	177,200	129	6.00
7.00	91.00	DR. C	586,667	0	0	177,200	8,760	7.00
8.00	32.00	AGGREGATE-CORONARY CARE UNIT	122,086	0	122,086	177,200	498	8.00
9.00	50.00	DR. D	52,024	0	52,024	208,000	89	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	377,690	0	377,690	177,200	852	10.00
11.00	50.00	AGGREGATE-OPERATING ROOM	517,750	0	517,750	200,300	8,760	11.00
12.00	91.00	AGGREGATE-EMERGENCY	900,089	0	900,089	177,200	9,636	12.00
200.00			5,191,253	26,916	4,577,670		41,785	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	13.00	DR. E	2,045	102	0	0	0	1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	316,234	15,812	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	843,571	42,179	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	56,500	2,825	0	0	0	5.00
6.00	90.00	DR. B	10,990	550	0	0	0	6.00
7.00	91.00	DR. C	746,285	37,314	0	0	0	7.00
8.00	32.00	AGGREGATE-CORONARY CARE UNIT	42,426	2,121	0	0	0	8.00
9.00	50.00	DR. D	8,900	445	0	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	72,584	3,629	0	0	0	10.00
11.00	50.00	AGGREGATE-OPERATING ROOM	843,571	42,179	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	820,913	41,046	0	0	0	12.00
200.00			3,764,019	188,202	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	13.00	DR. E	0	2,045	7,941	7,941		1.00
2.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	316,234	1,414,945	1,414,945		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	843,571	0	0		3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	26,916		4.00
5.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	56,500	250,240	250,240		5.00
6.00	90.00	DR. B	0	10,990	31,386	31,386		6.00
7.00	91.00	DR. C	0	746,285	0	586,667		7.00
8.00	32.00	AGGREGATE-CORONARY CARE UNIT	0	42,426	79,660	79,660		8.00
9.00	50.00	DR. D	0	8,900	43,124	43,124		9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	72,584	305,106	305,106		10.00
11.00	50.00	AGGREGATE-OPERATING ROOM	0	843,571	0	0		11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	820,913	79,176	79,176		12.00
200.00			0	3,764,019	2,211,578	2,825,161		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	2,791,211	2,791,211				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	3,145,857		3,145,857			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	7,829,778	0	0	7,829,778		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	5,345,268	502,702	566,575	1,035,316	7,449,861	5.00
7.00 00700 OPERATION OF PLANT	2,556,096	566,362	638,323	78,702	3,839,483	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	259,540	0	0	0	259,540	8.00
9.00 00900 HOUSEKEEPING	775,446	49,634	55,940	143,383	1,024,403	9.00
10.00 01000 DIETARY	-234,888	15,301	17,245	17,594	-184,748	10.00
11.00 01100 CAFETERIA	1,393,090	94,191	106,159	155,485	1,748,925	11.00
13.00 01300 NURSING ADMINISTRATION	2,182,411	28,553	32,181	265,740	2,508,885	13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,465,686	2,002	2,256	48,661	1,518,605	16.00
17.00 01700 SOCIAL SERVICE	1,022,572	8,664	9,764	139,506	1,180,506	17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	9,241	0	0	0	9,241	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	29,664	0	0	0	29,664	22.00
23.00 02300 ALLIED HEALTH - EMS PROGRAM	9,474	0	0	1,852	11,326	23.00
23.01 02301 ALLIED HEALTH - RADIOLOGY SCHOOL	10,742	0	0	3,195	13,937	23.01
23.02 02302 ALLIED HEALTH - PHARMACY	16,396	0	0	3,980	20,376	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	5,811,822	643,273	725,009	1,548,679	8,728,783	30.00
32.00 03200 CORONARY CARE UNIT	2,876,414	240,233	270,756	846,544	4,233,947	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	3,305,177	208,415	234,895	495,000	4,243,487	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	610,501	26,241	29,575	159,618	825,935	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	568,690	33,772	38,064	108,757	749,283	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	14,965	0	0	0	14,965	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,858,479	185,332	208,879	605,361	3,858,051	59.00
60.00 06000 LABORATORY	1,433,413	11,822	13,324	0	1,458,559	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	910,557	8,389	9,455	264,940	1,193,341	65.00
66.00 06600 PHYSICAL THERAPY	98,703	0	0	45,706	144,409	66.00
67.00 06700 OCCUPATIONAL THERAPY	59,813	0	0	0	59,813	67.00
68.00 06800 SPEECH PATHOLOGY	6,425	0	0	0	6,425	68.00
69.00 06900 ELECTROCARDIOLOGY	294,966	5,649	6,366	468,267	775,248	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,911	0	0	0	2,911	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,698,645	0	0	0	10,698,645	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	13,850,978	0	0	0	13,850,978	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,756,108	17,494	19,717	461,625	4,254,944	73.00
74.00 07400 RENAL DIALYSIS	208,423	0	0	0	208,423	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03330 ENDOSCOPY	6,922	0	0	1,114	8,036	76.00
76.97 07697 CARDIAC REHABILITATION	375,085	0	0	109,196	484,281	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	874,127	20,986	23,652	262,328	1,181,093	90.00
90.24 04973 PALLIATIVE CARE	0	0	0	0	0	90.24
91.00 09100 EMERGENCY	1,647,640	113,103	127,474	464,232	2,352,449	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
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
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00   SUBTOTALS (SUM OF LINES 1-117)	78,878,348	2,782,118	3,135,609	7,734,781	78,764,010	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-5,652	0	0	681	-4,971	190.00
191.00 19100 RESEARCH	340,502	9,093	10,248	94,316	454,159	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,267,438	0	0	0	5,267,438	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	84,480,636	2,791,211	3,145,857	7,829,778	84,480,636	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150154		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/27/2014 11:47 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,449,861					5.00
7.00	00700	OPERATION OF PLANT	370,414	4,209,897				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,039	0	284,579			8.00
9.00	00900	HOUSEKEEPING	98,829	121,333	142,291	1,386,856		9.00
10.00	01000	DIETARY	0	37,405	0	12,688	-134,655	10.00
11.00	01100	CAFETERIA	168,728	230,256	0	78,104	0	11.00
13.00	01300	NURSING ADMINISTRATION	242,045	69,799	0	23,676	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	146,507	4,894	0	1,660	0	16.00
17.00	01700	SOCIAL SERVICE	113,889	21,179	0	7,184	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	892	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	2,862	0	0	0	0	22.00
23.00	02300	ALLIED HEALTH - EMS PROGRAM	1,093	0	0	0	0	23.00
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL	1,345	0	0	0	0	23.01
23.02	02302	ALLIED HEALTH - PHARMACY	1,966	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	842,109	1,572,525	90,322	533,407	0	30.00
32.00	03200	CORONARY CARE UNIT	408,470	587,264	13,646	199,202	0	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	409,390	509,483	10,258	172,818	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,682	64,148	0	21,759	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	72,287	82,559	0	28,004	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,444	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	372,205	453,055	14,248	153,678	0	59.00
60.00	06000	LABORATORY	140,714	28,899	0	9,802	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	115,128	20,509	0	6,957	0	65.00
66.00	06600	PHYSICAL THERAPY	13,932	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,770	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	620	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	74,792	13,808	0	4,684	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	281	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,032,152	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,336,286	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	410,496	42,765	0	14,506	0	73.00
74.00	07400	RENAL DIALYSIS	20,108	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	775	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	46,721	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	113,946	51,301	0	17,401	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	226,953	276,488	13,814	93,786	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,897,870	4,187,670	284,579	1,379,316	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	43,815	22,227	0	7,540	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	508,176	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	-134,655	201.00
202.00		TOTAL (sum lines 118-201)	7,449,861	4,209,897	284,579	1,386,856	-134,655	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	
						(SPECIFY)	
		11.00	13.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,226,013					11.00
13.00	01300	102,983	2,947,388				13.00
16.00	01600	23,765	32,993	1,728,424			16.00
17.00	01700	47,531	65,986	0	1,436,275		17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	633,740	879,817	113,853	1,012,904	0	30.00
32.00	03200	277,261	384,920	60,750	423,371	0	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	142,592	197,959	171,983	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
54.00	05400	63,374	87,982	51,515	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
57.00	05700	23,765	32,993	27,254	0	0	57.00
58.00	05800	0	0	1,287	0	0	58.00
59.00	05900	174,279	241,950	522,167	0	0	59.00
60.00	06000	0	0	98,113	0	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	95,061	131,973	20,422	0	0	65.00
66.00	06600	7,922	10,998	2,892	0	0	66.00
67.00	06700	7,922	10,998	1,674	0	0	67.00
68.00	06800	0	0	180	0	0	68.00
69.00	06900	182,200	252,947	90,987	0	0	69.00
70.00	07000	0	0	348	0	0	70.00
71.00	07100	0	0	182,209	0	0	71.00
72.00	07200	0	0	196,681	0	0	72.00
73.00	07300	126,748	175,963	99,104	0	0	73.00
74.00	07400	0	0	3,167	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03330	0	0	492	0	0	76.00
76.97	07697	55,452	76,984	6,509	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	95,061	131,973	11,087	0	0	90.00
90.24	04973	0	0	0	0	0	90.24
91.00	09100	126,748	175,963	65,750	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
98.00	05950	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

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

Worksheet B  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
		11.00	13.00	16.00	17.00	18.00	
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,186,404	2,892,399	1,728,424	1,436,275	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
191.00	19100	RESEARCH	39,609	54,989	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	2,226,013	2,947,388	1,728,424	1,436,275	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

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

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Cost Center Description	INTERNS & RESIDENTS					ALLIED HEALTH - EMS PROGRAM	ALLIED HEALTH - RADIOLOGY SCHOOL	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARIES & FRINGES		SERVICES-OTHER PRGM. COSTS				
		19.00	21.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500	ADMINISTRATIVE & GENERAL							5.00
7.00 00700	OPERATION OF PLANT							7.00
8.00 00800	LAUNDRY & LINEN SERVICE							8.00
9.00 00900	HOUSEKEEPING							9.00
10.00 01000	DIETARY							10.00
11.00 01100	CAFETERIA							11.00
13.00 01300	NURSING ADMINISTRATION							13.00
16.00 01600	MEDICAL RECORDS & LIBRARY							16.00
17.00 01700	SOCIAL SERVICE							17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)							18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0						19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	10,133					21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	32,526				22.00
23.00 02300	ALLIED HEALTH - EMS PROGRAM	0	0	0	12,419			23.00
23.01 02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	0	0	15,282		23.01
23.02 02302	ALLIED HEALTH - PHARMACY	0	0	0	0	0		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 03000	ADULTS & PEDIATRICS	0	10,133	32,526	0	0		30.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0		32.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 05000	OPERATING ROOM	0	0	0	0	0		50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0		51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	15,282		54.00
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
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0		65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0		66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0		74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
76.00 03330	ENDOSCOPY	0	0	0	0	0		76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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
90.24 04973	PALLIATIVE CARE	0	0	0	0	0		90.24
91.00 09100	EMERGENCY	0	0	0	12,419	0		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0		94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0		95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0		96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0		97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0		98.00
99.00 09900	CMHC	0	0	0	0	0		99.00
99.10 09910	CORF	0	0	0	0	0		99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0		100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0		105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	0		106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	0		107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	0		108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0		111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

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

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		ALLIED HEALTH - EMS PROGRAM	ALLIED HEALTH - RADIOLOGY SCHOOL	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
		19.00	21.00			
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	10,133	32,526	12,419	15,282	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	10,133	32,526	12,419	15,282	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

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

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Cost Center Description			ALLIED HEALTH - PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD					22.00
23.00	02300	ALLIED HEALTH - EMS PROGRAM					23.00
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL					23.01
23.02	02302	ALLIED HEALTH - PHARMACY	22,342				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	14,450,119	0	14,450,119	30.00
32.00	03200	CORONARY CARE UNIT	0	6,588,831	0	6,588,831	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	5,857,970	0	5,857,970	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,209,677	0	1,209,677	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	1,016,145	0	1,016,145	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	17,696	0	17,696	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,789,633	0	5,789,633	59.00
60.00	06000	LABORATORY	0	1,736,087	0	1,736,087	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,583,391	0	1,583,391	65.00
66.00	06600	PHYSICAL THERAPY	0	180,153	0	180,153	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	86,177	0	86,177	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,225	0	7,225	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,394,666	0	1,394,666	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,540	0	3,540	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,913,006	0	11,913,006	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,383,945	0	15,383,945	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,342	5,146,868	0	5,146,868	73.00
74.00	07400	RENAL DIALYSIS	0	231,698	0	231,698	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	0	9,303	0	9,303	76.00
76.97	07697	CARDIAC REHABILITATION	0	669,947	0	669,947	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	1,601,862	0	1,601,862	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	3,344,370	0	3,344,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150154

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

Worksheet B  
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Cost Center Description		ALLIED HEALTH - PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	24.00	25.00	26.00	
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,342	78,222,309	0	78,222,309
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	-4,971	0	-4,971
191.00	19100	RESEARCH	0	622,339	0	622,339
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,775,614	0	5,775,614
193.00	19300	NONPAID WORKERS	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	-134,655	0	-134,655
202.00		TOTAL (sum lines 118-201)	22,342	84,480,636	0	84,480,636

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

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

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Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	502,702	566,575	5.00
7.00 00700	OPERATION OF PLANT	0	566,362	638,323	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	49,634	55,940	9.00
10.00 01000	DIETARY	0	15,301	17,245	10.00
11.00 01100	CAFETERIA	0	94,191	106,159	11.00
13.00 01300	NURSING ADMINISTRATION	0	28,553	32,181	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	2,002	2,256	16.00
17.00 01700	SOCIAL SERVICE	0	8,664	9,764	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	22.00
23.00 02300	ALLIED HEALTH - EMS PROGRAM	0	0	0	23.00
23.01 02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	0	23.01
23.02 02302	ALLIED HEALTH - PHARMACY	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	643,273	725,009	30.00
32.00 03200	CORONARY CARE UNIT	0	240,233	270,756	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	208,415	234,895	50.00
51.00 05100	RECOVERY ROOM	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	26,241	29,575	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700	CT SCAN	0	33,772	38,064	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	185,332	208,879	59.00
60.00 06000	LABORATORY	0	11,822	13,324	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	8,389	9,455	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	5,649	6,366	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 PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	17,494	19,717	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03330	ENDOSCOPY	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	20,986	23,652	90.00
90.24 04973	PALLIATIVE CARE	0	0	0	90.24
91.00 09100	EMERGENCY	0	113,103	127,474	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00 09900	CMHC	0	0	0	99.00
99.10 09910	CORF	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00 10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	2,782,118	3,135,609	5,917,727		118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	9,093	10,248	19,341	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	2,791,211	3,145,857	5,937,068		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 11:47 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,069,277				5.00
7.00	00700	OPERATION OF PLANT	53,165	1,257,850			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,594	0	3,594		8.00
9.00	00900	HOUSEKEEPING	14,185	36,252	1,797	157,808	9.00
10.00	01000	DIETARY	0	11,176	0	1,444	45,166
11.00	01100	CAFETERIA	24,217	68,797	0	8,887	0
13.00	01300	NURSING ADMINISTRATION	34,741	20,855	0	2,694	0
16.00	01600	MEDICAL RECORDS & LIBRARY	21,028	1,462	0	189	0
17.00	01700	SOCIAL SERVICE	16,346	6,328	0	817	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	128	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	411	0	0	0	0
23.00	02300	ALLIED HEALTH - EMS PROGRAM	157	0	0	0	0
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL	193	0	0	0	0
23.02	02302	ALLIED HEALTH - PHARMACY	282	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	120,867	469,846	1,141	60,694	0
32.00	03200	CORONARY CARE UNIT	58,627	175,465	172	22,667	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	58,760	152,225	130	19,665	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,437	19,166	0	2,476	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
57.00	05700	CT SCAN	10,375	24,667	0	3,187	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	207	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	53,422	135,366	180	17,487	0
60.00	06000	LABORATORY	20,197	8,634	0	1,115	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	16,524	6,128	0	792	0
66.00	06600	PHYSICAL THERAPY	2,000	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	828	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	89	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	10,735	4,126	0	533	0
70.00	07000	ELECTROENCEPHALOGRAPHY	40	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	148,144	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	191,801	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	58,918	12,778	0	1,651	0
74.00	07400	RENAL DIALYSIS	2,886	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03330	ENDOSCOPY	111	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	6,706	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	16,355	15,328	0	1,980	0
90.24	04973	PALLIATIVE CARE	0	0	0	0	0
91.00	09100	EMERGENCY	32,574	82,610	174	10,672	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600	HEART ACQUISITION	0	0	0	0	0
107.00	10700	LIVER ACQUISITION	0	0	0	0	0
108.00	10800	LUNG ACQUISITION	0	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150154		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 11:47 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
			5.00	7.00	8.00	9.00	10.00		
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	990,050	1,251,209	3,594	156,950		0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	6,289	6,641	0	858	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	72,938	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	45,166	0	201.00
202.00		TOTAL (sum lines 118-201)	1,069,277	1,257,850	3,594	157,808	45,166	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

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

Worksheet B  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
						11.00	13.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	302,251					11.00
13.00	01300	13,983	133,007				13.00
16.00	01600	3,227	1,489	31,653			16.00
17.00	01700	6,454	2,978	0	51,351		17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	86,049	39,704	2,091	36,214	0	30.00
32.00	03200	37,647	17,370	1,116	15,137	0	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	19,361	8,933	3,159	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
54.00	05400	8,605	3,970	946	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
57.00	05700	3,227	1,489	501	0	0	57.00
58.00	05800	0	0	24	0	0	58.00
59.00	05900	23,664	10,918	9,498	0	0	59.00
60.00	06000	0	0	1,802	0	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	12,908	5,956	375	0	0	65.00
66.00	06600	1,076	496	53	0	0	66.00
67.00	06700	1,076	496	31	0	0	67.00
68.00	06800	0	0	3	0	0	68.00
69.00	06900	24,739	11,415	1,671	0	0	69.00
70.00	07000	0	0	6	0	0	70.00
71.00	07100	0	0	3,346	0	0	71.00
72.00	07200	0	0	3,612	0	0	72.00
73.00	07300	17,210	7,941	1,820	0	0	73.00
74.00	07400	0	0	58	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03330	0	0	9	0	0	76.00
76.97	07697	7,529	3,474	120	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	12,908	5,956	204	0	0	90.00
90.24	04973	0	0	0	0	0	90.24
91.00	09100	17,210	7,941	1,208	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
98.00	05950	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00
108.00	10800	0	0	0	0	0	108.00
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	
							(SPECIFY)	
			11.00	13.00	16.00	17.00	18.00	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	296,873	130,526	31,653	51,351	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	5,378	2,481	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	302,251	133,007	31,653	51,351	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 11:47 am
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Cost Center Description	INTERNS & RESIDENTS					ALLIED HEALTH - RADIOLOGY SCHOOL
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS	ALLIED HEALTH - EMS PROGRAM		
		19.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		128			21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD			411		22.00
23.00 02300	ALLIED HEALTH - EMS PROGRAM				157	23.00
23.01 02301	ALLIED HEALTH - RADIOLOGY SCHOOL					193
23.02 02302	ALLIED HEALTH - PHARMACY					23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS					30.00
32.00 03200	CORONARY CARE UNIT					32.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
57.00 05700	CT SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
64.00 06400	INTRAVENOUS THERAPY					64.00
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
75.00 07500	ASC (NON-DISTINCT PART)					75.00
76.00 03330	ENDOSCOPY					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC					88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000	CLINIC					90.00
90.24 04973	PALLIATIVE CARE					90.24
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS					94.00
95.00 09500	AMBULANCE SERVICES					95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED					96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD					97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS					98.00
99.00 09900	CMHC					99.00
99.10 09910	CORF					99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM					100.00
101.00 10100	HOME HEALTH AGENCY					101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION					105.00
106.00 10600	HEART ACQUISITION					106.00
107.00 10700	LIVER ACQUISITION					107.00
108.00 10800	LUNG ACQUISITION					108.00
109.00 10900	PANCREAS ACQUISITION					109.00
110.00 11000	INTESTINAL ACQUISITION					110.00
111.00 11100	ISLET ACQUISITION					111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description			INTERNS & RESIDENTS						
			NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR	SERVICES-OTHER	ALLIED HEALTH - EMS PROGRAM		ALLIED HEALTH - RADIOLOGY SCHOOL	
				Y & FRINGES	PRGM. COSTS				
			19.00	21.00	22.00	23.00	23.01		
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)							115.00
116.00	11600	HOSPICE							116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN							190.00
191.00	19100	RESEARCH							191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES							192.00
193.00	19300	NONPAID WORKERS							193.00
200.00		Cross Foot Adjustments	0	128	411		157		193
201.00		Negative Cost Centers	0	0	0		0		0
202.00		TOTAL (sum lines 118-201)	0	128	411		157		193

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 11:47 am
Cost Center	Description	ALLIED HEALTH - PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.02	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300	ALLIED HEALTH - EMS PROGRAM				23.00
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL				23.01
23.02	02302	ALLIED HEALTH - PHARMACY	282			23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	2,184,888	0	2,184,888	30.00
32.00	03200	CORONARY CARE UNIT	839,190	0	839,190	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	705,543	0	705,543	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	102,416	0	102,416	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700	CT SCAN	115,282	0	115,282	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	231	0	231	58.00
59.00	05900	CARDIAC CATHETERIZATION	644,746	0	644,746	59.00
60.00	06000	LABORATORY	56,894	0	56,894	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	60,527	0	60,527	65.00
66.00	06600	PHYSICAL THERAPY	3,625	0	3,625	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,431	0	2,431	67.00
68.00	06800	SPEECH PATHOLOGY	92	0	92	68.00
69.00	06900	ELECTROCARDIOLOGY	65,234	0	65,234	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	46	0	46	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	151,490	0	151,490	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	195,413	0	195,413	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	137,529	0	137,529	73.00
74.00	07400	RENAL DIALYSIS	2,944	0	2,944	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03330	ENDOSCOPY	120	0	120	76.00
76.97	07697	CARDIAC REHABILITATION	17,829	0	17,829	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	97,369	0	97,369	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	90.24
91.00	09100	EMERGENCY	392,966	0	392,966	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150154

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description			ALLIED HEALTH - PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	5,776,805	0	5,776,805	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0	190.00
191.00	19100	RESEARCH		40,988	0	40,988	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		72,938	0	72,938	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
200.00		Cross Foot Adjustments	282	1,171	0	1,171	200.00
201.00		Negative Cost Centers	0	45,166	0	45,166	201.00
202.00		TOTAL (sum lines 118-201)	282	5,937,068	0	5,937,068	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	234,223				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		234,223			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	24,457,976		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	42,184	42,184	3,234,028	-7,449,861	5.00
7.00 00700	OPERATION OF PLANT	47,526	47,526	245,843	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	4,165	4,165	447,887	0	9.00
10.00 01000	DIETARY	1,284	1,284	54,959	184,748	10.00
11.00 01100	CAFETERIA	7,904	7,904	485,689	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,396	2,396	830,095	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	168	168	152,004	0	16.00
17.00 01700	SOCIAL SERVICE	727	727	435,775	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00 02300	ALLIED HEALTH - EMS PROGRAM	0	0	5,786	0	23.00
23.01 02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	9,979	0	23.01
23.02 02302	ALLIED HEALTH - PHARMACY	0	0	12,431	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	53,980	53,980	4,837,640	0	30.00
32.00 03200	CORONARY CARE UNIT	20,159	20,159	2,644,359	0	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	17,489	17,489	1,546,236	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,202	2,202	498,602	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	2,834	2,834	339,724	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	15,552	15,552	1,890,974	0	59.00
60.00 06000	LABORATORY	992	992	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	704	704	827,595	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	142,771	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	474	474	1,462,732	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 PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,468	1,468	1,441,983	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03330	ENDOSCOPY	0	0	3,481	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	341,097	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	1,761	1,761	819,436	0	90.00
90.24 04973	PALLIATIVE CARE	0	0	0	0	90.24
91.00 09100	EMERGENCY	9,491	9,491	1,450,128	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					4.00
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
114.00 11400	UTILIZATION REVIEW-SNF						114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	233,460	233,460	24,161,234	-7,265,113	71,498,897	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,126	4,971	0	190.00
191.00 19100	RESEARCH	763	763	294,616	0	454,159	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	5,267,438	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,791,211	3,145,857	7,829,778		7,449,861	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.916895	13.431034	0.320132		0.096475	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		1,069,277	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.013847	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	144,513				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	69,549			8.00
9.00	00900	HOUSEKEEPING	4,165	34,775	140,348		9.00
10.00	01000	DIETARY	1,284	0	1,284	27,343	10.00
11.00	01100	CAFETERIA	7,904	0	7,904	0	281 11.00
13.00	01300	NURSING ADMINISTRATION	2,396	0	2,396	0	13 13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	168	0	168	0	3 16.00
17.00	01700	SOCIAL SERVICE	727	0	727	0	6 17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0 22.00
23.00	02300	ALLIED HEALTH - EMS PROGRAM	0	0	0	0	0 23.00
23.01	02301	ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	0	0	0 23.01
23.02	02302	ALLIED HEALTH - PHARMACY	0	0	0	0	0 23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	53,980	22,074	53,980	19,213	80 30.00
32.00	03200	CORONARY CARE UNIT	20,159	3,335	20,159	8,060	35 32.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	17,489	2,507	17,489	0	18 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,202	0	2,202	0	8 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00	05700	CT SCAN	2,834	0	2,834	0	3 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	15,552	3,482	15,552	0	22 59.00
60.00	06000	LABORATORY	992	0	992	0	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	704	0	704	0	12 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	474	0	474	0	23 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 PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,468	0	1,468	0	16 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03330	ENDOSCOPY	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	7 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	1,761	0	1,761	0	12 90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0	0 90.24
91.00	09100	EMERGENCY	9,491	3,376	9,491	70	16 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
99.00	09900	CMHC	0	0	0	0	0 99.00
99.10	09910	CORF	0	0	0	0	0 99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0 106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0 107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	143,750	69,549	139,585	27,343	276,118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	763	0	763	0	5191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,209,897	284,579	1,386,856	-134,655	2,226,013
203.00		Unit cost multiplier (Wkst. B, Part I)	29.131614	4.091777	9.881552	0.000000	7,921.754448
204.00		Cost to be allocated (per Wkst. B, Part II)	1,257,850	3,594	157,808	45,166	302,251
205.00		Unit cost multiplier (Wkst. B, Part II)	8.704061	0.051676	1.124405	1.651830	1,075.626335

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description	NURSING ADMINISTRATION (FTE'S)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
				18.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	268					13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3	348,845,940				16.00
17.00 01700 SOCIAL SERVICE	6	0	11,263			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 ALLIED HEALTH - EMS PROGRAM	0	0	0	0	0	23.00
23.01 02301 ALLIED HEALTH - RADIOLOGY SCHOOL	0	0	0	0	0	23.01
23.02 02302 ALLIED HEALTH - PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	80	22,977,314	7,943	0		30.00
32.00 03200 CORONARY CARE UNIT	35	12,260,328	3,320	0		32.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	18	34,709,069	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8	10,396,552	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	3	5,500,219	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	259,660	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	22	105,403,375	0	0	0	59.00
60.00 06000 LABORATORY	0	19,800,887	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	12	4,121,494	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	1	583,743	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	1	337,895	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	36,254	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	23	18,362,646	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	70,323	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,772,853	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	39,693,459	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	16	20,000,814	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	639,111	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03330 ENDOSCOPY	0	99,362	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	7	1,313,698	0	0	0	76.97
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	12	2,237,534	0	0	0	90.00
90.24 04973 PALLIATIVE CARE	0	0	0	0	0	90.24
91.00 09100 EMERGENCY	16	13,269,350	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description	NURSING ADMINISTRATION (FTE'S)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
				(SPECIFY) (TIME SPENT)		
	13.00	16.00	17.00	18.00	19.00	
110.00 11000	0	0	0	0	0	110.00
111.00 11100	0	0	0	0	0	111.00
113.00 11300						113.00
114.00 11400						114.00
115.00 11500	0	0	0	0	0	115.00
116.00 11600	0	0	0	0	0	116.00
118.00	263	348,845,940	11,263	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	0	0	0	0	0	190.00
191.00 19100	5	0	0	0	0	191.00
192.00 19200	0	0	0	0	0	192.00
193.00 19300	0	0	0	0	0	193.00
200.00						200.00
201.00						201.00
202.00	2,947,388	1,728,424	1,436,275	0	0	202.00
203.00	10,997.716418	0.004955	127.521531	0.000000	0.000000	203.00
204.00	133,007	31,653	51,351	0	0	204.00
205.00	496.294776	0.000091	4.559265	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	ALLIED HEALTH - EMS PROGRAM (ASSIGNED TIME)	ALLIED HEALTH - RADIOLOGY SCHOOL (ASSIGNED TIME)	ALLIED HEALTH - PHARMACY (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	326				21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		326			22.00
23.00 02300	ALLIED HEALTH - EMS PROGRAM			100		23.00
23.01 02301	ALLIED HEALTH - RADIOLOGY SCHOOL			0	100	23.01
23.02 02302	ALLIED HEALTH - PHARMACY			0	0	100
23.02 02302	ALLIED HEALTH - PHARMACY			0	0	100
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	326	326	0	0	30.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	100	54.00
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
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03330	ENDOSCOPY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
90.24 04973	PALLIATIVE CARE	0	0	0	0	90.24
91.00 09100	EMERGENCY	0	0	100	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150154

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description		INTERNS & RESIDENTS						
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	ALLIED HEALTH - EMS PROGRAM (ASSIGNED TIME)	ALLIED HEALTH - RADIOLOGY SCHOOL (ASSIGNED TIME)	ALLIED HEALTH - PHARMACY (ASSIGNED TIME)		
		21.00	22.00	23.00	23.01	23.02		
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
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	326	326	100	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,133	32,526	12,419	15,282	22,342	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.082822	99.773006	124.190000	152.820000	223.420000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	128	411	157	193	282	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.392638	1.260736	1.570000	1.930000	2.820000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150154

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2014 11:47 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		14,450,119		0	14,450,119	30.00
32.00	03200 CORONARY CARE UNIT		6,588,831		79,660	6,668,491	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		5,857,970		43,124	5,901,094	50.00
51.00	05100 RECOVERY ROOM		0		0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,209,677		0	1,209,677	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0	55.00
57.00	05700 CT SCAN		1,016,145		0	1,016,145	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		17,696		0	17,696	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,789,633		250,240	6,039,873	59.00
60.00	06000 LABORATORY		1,736,087		0	1,736,087	60.00
64.00	06400 INTRAVENOUS THERAPY		0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,583,391		0	1,583,391	65.00
66.00	06600 PHYSICAL THERAPY	0	180,153		0	180,153	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	86,177		0	86,177	67.00
68.00	06800 SPEECH PATHOLOGY	0	7,225		0	7,225	68.00
69.00	06900 ELECTROCARDIOLOGY		1,394,666		305,106	1,699,772	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		3,540		0	3,540	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,913,006		0	11,913,006	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		15,383,945		0	15,383,945	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,146,868		0	5,146,868	73.00
74.00	07400 RENAL DIALYSIS		231,698		0	231,698	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	0	75.00
76.00	03330 ENDOSCOPY		9,303		0	9,303	76.00
76.97	07697 CARDIAC REHABILITATION		669,947		0	669,947	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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		1,601,862		31,386	1,633,248	90.00
90.24	04973 PALLIATIVE CARE		0		0	0	90.24
91.00	09100 EMERGENCY		3,344,370		79,176	3,423,546	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,286,073		0	1,286,073	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS		0		0	0	94.00
95.00	09500 AMBULANCE SERVICES		0		0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0		0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0		0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS		0		0	0	98.00
99.00	09900 CMHC		0		0	0	99.00
99.10	09910 CORF		0		0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0		0	0	100.00
101.00	10100 HOME HEALTH AGENCY		0		0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION		0		0	0	105.00
106.00	10600 HEART ACQUISITION		0		0	0	106.00
107.00	10700 LIVER ACQUISITION		0		0	0	107.00
108.00	10800 LUNG ACQUISITION		0		0	0	108.00
109.00	10900 PANCREAS ACQUISITION		0		0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0	110.00
111.00	11100 ISLET ACQUISITION		0		0	0	111.00
113.00	11300 INTEREST EXPENSE		0		0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF		0		0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0		0	0	115.00
116.00	11600 HOSPICE		0		0	0	116.00
200.00	Subtotal (see instructions)		79,508,382	0	788,692	80,297,074	200.00
201.00	Less Observation Beds		1,286,073		0	1,286,073	201.00
202.00	Total (see instructions)		78,222,309	0	788,692	79,011,001	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150154

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2014 11:47 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	15,646,748		15,646,748		30.00
32.00	03200	CORONARY CARE UNIT	12,260,328		12,260,328		32.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	32,054,314	2,654,755	34,709,069	0.168773	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,482,191	7,914,361	10,396,552	0.116354	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	1,218,889	4,281,330	5,500,219	0.184746	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	253,050	6,610	259,660	0.068151	58.00
59.00	05900	CARDIAC CATHETERIZATION	44,858,543	60,544,832	105,403,375	0.054928	59.00
60.00	06000	LABORATORY	14,194,866	5,606,021	19,800,887	0.087677	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,991,331	130,163	4,121,494	0.384179	65.00
66.00	06600	PHYSICAL THERAPY	568,589	15,154	583,743	0.308617	66.00
67.00	06700	OCCUPATIONAL THERAPY	329,141	8,754	337,895	0.255041	67.00
68.00	06800	SPEECH PATHOLOGY	35,315	939	36,254	0.199288	68.00
69.00	06900	ELECTROCARDIOLOGY	4,469,198	13,893,448	18,362,646	0.075951	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	65,999	4,324	70,323	0.050339	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,483,695	11,289,158	36,772,853	0.323962	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,898,541	17,794,918	39,693,459	0.387569	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,038,004	4,962,810	20,000,814	0.257333	73.00
74.00	07400	RENAL DIALYSIS	639,111	0	639,111	0.362532	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03330	ENDOSCOPY	99,326	36	99,362	0.093627	76.00
76.97	07697	CARDIAC REHABILITATION	675	1,313,023	1,313,698	0.509970	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	8,329	2,229,205	2,237,534	0.715905	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	2,826,202	10,443,148	13,269,350	0.252037	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	133,675	7,196,891	7,330,566	0.175440	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	198,556,060	150,289,880	348,845,940		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	198,556,060	150,289,880	348,845,940		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 11:47 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
32.00	03200 CORONARY CARE UNIT			32.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.170016		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.116354		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.184746		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.068151		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.057302		59.00
60.00	06000 LABORATORY	0.087677		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.384179		65.00
66.00	06600 PHYSICAL THERAPY	0.308617		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.255041		67.00
68.00	06800 SPEECH PATHOLOGY	0.199288		68.00
69.00	06900 ELECTROCARDIOLOGY	0.092567		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.050339		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.323962		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.387569		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257333		73.00
74.00	07400 RENAL DIALYSIS	0.362532		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03330 ENDOSCOPY	0.093627		76.00
76.97	07697 CARDIAC REHABILITATION	0.509970		76.97
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.729932		90.00
90.24	04973 PALLIATIVE CARE	0.000000		90.24
91.00	09100 EMERGENCY	0.258004		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.175440		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150154

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2014 11:47 am

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		14,450,119		0	14,450,119	30.00
32.00	03200 CORONARY CARE UNIT		6,588,831		79,660	6,668,491	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		5,857,970		43,124	5,901,094	50.00
51.00	05100 RECOVERY ROOM		0		0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,209,677		0	1,209,677	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0	55.00
57.00	05700 CT SCAN		1,016,145		0	1,016,145	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		17,696		0	17,696	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,789,633		250,240	6,039,873	59.00
60.00	06000 LABORATORY		1,736,087		0	1,736,087	60.00
64.00	06400 INTRAVENOUS THERAPY		0		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,583,391		0	1,583,391	65.00
66.00	06600 PHYSICAL THERAPY	0	180,153		0	180,153	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	86,177		0	86,177	67.00
68.00	06800 SPEECH PATHOLOGY	0	7,225		0	7,225	68.00
69.00	06900 ELECTROCARDIOLOGY		1,394,666		305,106	1,699,772	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		3,540		0	3,540	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,913,006		0	11,913,006	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		15,383,945		0	15,383,945	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,146,868		0	5,146,868	73.00
74.00	07400 RENAL DIALYSIS		231,698		0	231,698	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	0	75.00
76.00	03330 ENDOSCOPY		9,303		0	9,303	76.00
76.97	07697 CARDIAC REHABILITATION		669,947		0	669,947	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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		1,601,862		31,386	1,633,248	90.00
90.24	04973 PALLIATIVE CARE		0		0	0	90.24
91.00	09100 EMERGENCY		3,344,370		79,176	3,423,546	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,286,073		0	1,286,073	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS		0		0	0	94.00
95.00	09500 AMBULANCE SERVICES		0		0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0		0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0		0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS		0		0	0	98.00
99.00	09900 CMHC		0		0	0	99.00
99.10	09910 CORF		0		0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0		0	0	100.00
101.00	10100 HOME HEALTH AGENCY		0		0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION		0		0	0	105.00
106.00	10600 HEART ACQUISITION		0		0	0	106.00
107.00	10700 LIVER ACQUISITION		0		0	0	107.00
108.00	10800 LUNG ACQUISITION		0		0	0	108.00
109.00	10900 PANCREAS ACQUISITION		0		0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0	110.00
111.00	11100 ISLET ACQUISITION		0		0	0	111.00
113.00	11300 INTEREST EXPENSE		0		0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF		0		0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0		0	0	115.00
116.00	11600 HOSPICE		0		0	0	116.00
200.00	Subtotal (see instructions)		79,508,382	0	788,692	80,297,074	200.00
201.00	Less Observation Beds		1,286,073		0	1,286,073	201.00
202.00	Total (see instructions)		78,222,309	0	788,692	79,011,001	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150154

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2014 11:47 am

		Title XIX			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
9.00	10.00						
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	15,646,748		15,646,748		30.00
32.00	03200	CORONARY CARE UNIT	12,260,328		12,260,328		32.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	32,054,314	2,654,755	34,709,069	0.168773	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,482,191	7,914,361	10,396,552	0.116354	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	1,218,889	4,281,330	5,500,219	0.184746	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	253,050	6,610	259,660	0.068151	58.00
59.00	05900	CARDIAC CATHETERIZATION	44,858,543	60,544,832	105,403,375	0.054928	59.00
60.00	06000	LABORATORY	14,194,866	5,606,021	19,800,887	0.087677	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,991,331	130,163	4,121,494	0.384179	65.00
66.00	06600	PHYSICAL THERAPY	568,589	15,154	583,743	0.308617	66.00
67.00	06700	OCCUPATIONAL THERAPY	329,141	8,754	337,895	0.255041	67.00
68.00	06800	SPEECH PATHOLOGY	35,315	939	36,254	0.199288	68.00
69.00	06900	ELECTROCARDIOLOGY	4,469,198	13,893,448	18,362,646	0.075951	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	65,999	4,324	70,323	0.050339	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,483,695	11,289,158	36,772,853	0.323962	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,898,541	17,794,918	39,693,459	0.387569	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,038,004	4,962,810	20,000,814	0.257333	73.00
74.00	07400	RENAL DIALYSIS	639,111	0	639,111	0.362532	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03330	ENDOSCOPY	99,326	36	99,362	0.093627	76.00
76.97	07697	CARDIAC REHABILITATION	675	1,313,023	1,313,698	0.509970	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	8,329	2,229,205	2,237,534	0.715905	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0.000000	90.24
91.00	09100	EMERGENCY	2,826,202	10,443,148	13,269,350	0.252037	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	133,675	7,196,891	7,330,566	0.175440	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	198,556,060	150,289,880	348,845,940		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	198,556,060	150,289,880	348,845,940		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 11:47 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
32.00	03200 CORONARY CARE UNIT			32.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.170016		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.116354		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.184746		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.068151		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.057302		59.00
60.00	06000 LABORATORY	0.087677		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.384179		65.00
66.00	06600 PHYSICAL THERAPY	0.308617		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.255041		67.00
68.00	06800 SPEECH PATHOLOGY	0.199288		68.00
69.00	06900 ELECTROCARDIOLOGY	0.092567		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.050339		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.323962		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.387569		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257333		73.00
74.00	07400 RENAL DIALYSIS	0.362532		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03330 ENDOSCOPY	0.093627		76.00
76.97	07697 CARDIAC REHABILITATION	0.509970		76.97
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.729932		90.00
90.24	04973 PALLIATIVE CARE	0.000000		90.24
91.00	09100 EMERGENCY	0.258004		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.175440		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part II Date/Time Prepared: 5/27/2014 11:47 am
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Cost Center Description			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,857,970	705,543	5,152,427	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,209,677	102,416	1,107,261	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	1,016,145	115,282	900,863	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,696	231	17,465	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,789,633	644,746	5,144,887	0	0	59.00
60.00	06000	LABORATORY	1,736,087	56,894	1,679,193	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,583,391	60,527	1,522,864	0	0	65.00
66.00	06600	PHYSICAL THERAPY	180,153	3,625	176,528	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	86,177	2,431	83,746	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,225	92	7,133	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,394,666	65,234	1,329,432	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,540	46	3,494	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,913,006	151,490	11,761,516	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,383,945	195,413	15,188,532	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,146,868	137,529	5,009,339	0	0	73.00
74.00	07400	RENAL DIALYSIS	231,698	2,944	228,754	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	9,303	120	9,183	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	669,947	17,829	652,118	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	1,601,862	97,369	1,504,493	0	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24
91.00	09100	EMERGENCY	3,344,370	392,966	2,951,404	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,286,073	194,457	1,091,616	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	58,469,432	2,947,184	55,522,248	0	0	200.00
201.00		Less Observation Beds	1,286,073	194,457	1,091,616	0	0	201.00
202.00		Total (line 200 minus line 201)	57,183,359	2,752,727	54,430,632	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part II Date/Time Prepared: 5/27/2014 11:47 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	5,857,970	34,709,069	0.168773	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,209,677	10,396,552	0.116354	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	55.00
57.00	05700 CT SCAN	1,016,145	5,500,219	0.184746	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	17,696	259,660	0.068151	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,789,633	105,403,375	0.054928	59.00
60.00	06000 LABORATORY	1,736,087	19,800,887	0.087677	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	1,583,391	4,121,494	0.384179	65.00
66.00	06600 PHYSICAL THERAPY	180,153	583,743	0.308617	66.00
67.00	06700 OCCUPATIONAL THERAPY	86,177	337,895	0.255041	67.00
68.00	06800 SPEECH PATHOLOGY	7,225	36,254	0.199288	68.00
69.00	06900 ELECTROCARDIOLOGY	1,394,666	18,362,646	0.075951	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,540	70,323	0.050339	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,913,006	36,772,853	0.323962	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,383,945	39,693,459	0.387569	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,146,868	20,000,814	0.257333	73.00
74.00	07400 RENAL DIALYSIS	231,698	639,111	0.362532	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
76.00	03330 ENDOSCOPY	9,303	99,362	0.093627	76.00
76.97	07697 CARDIAC REHABILITATION	669,947	1,313,698	0.509970	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00	09000 CLINIC	1,601,862	2,237,534	0.715905	90.00
90.24	04973 PALLIATIVE CARE	0	0	0.000000	90.24
91.00	09100 EMERGENCY	3,344,370	13,269,350	0.252037	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,286,073	7,330,566	0.175440	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	98.00
99.00	09900 CMHC	0	0	0.000000	99.00
99.10	09910 CORF	0	0	0.000000	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500 KIDNEY ACQUISITION	0	0	0.000000	105.00
106.00	10600 HEART ACQUISITION	0	0	0.000000	106.00
107.00	10700 LIVER ACQUISITION	0	0	0.000000	107.00
108.00	10800 LUNG ACQUISITION	0	0	0.000000	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000	111.00
113.00	11300 INTEREST EXPENSE	0	0	0.000000	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0.000000	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000	115.00
116.00	11600 HOSPICE	0	0	0.000000	116.00
200.00	Subtotal (sum of lines 50 thru 199)	58,469,432	320,938,864		200.00
201.00	Less Observation Beds	1,286,073	0		201.00
202.00	Total (line 200 minus line 201)	57,183,359	320,938,864		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150154		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/27/2014 11:47 am	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,184,888	0	2,184,888	8,719	250.59	30.00
32.00	CORONARY CARE UNIT	839,190		839,190	3,320	252.77	32.00
200.00	Total (Lines 30-199)	3,024,078		3,024,078	12,039		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	4,187	1,049,220				
32.00	CORONARY CARE UNIT	1,629	411,762				
200.00	Total (Lines 30-199)	5,816	1,460,982				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 11:47 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	705,543	34,709,069	0.020327	15,521,334	315,502	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	102,416	10,396,552	0.009851	1,048,537	10,329	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700 CT SCAN	115,282	5,500,219	0.020960	867,951	18,192	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	231	259,660	0.000890	138,598	123	58.00
59.00	05900 CARDIAC CATHETERIZATION	644,746	105,403,375	0.006117	20,994,660	128,424	59.00
60.00	06000 LABORATORY	56,894	19,800,887	0.002873	7,114,549	20,440	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	60,527	4,121,494	0.014686	1,899,752	27,900	65.00
66.00	06600 PHYSICAL THERAPY	3,625	583,743	0.006210	342,164	2,125	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,431	337,895	0.007195	200,469	1,442	67.00
68.00	06800 SPEECH PATHOLOGY	92	36,254	0.002538	17,174	44	68.00
69.00	06900 ELECTROCARDIOLOGY	65,234	18,362,646	0.003553	2,361,765	8,391	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	46	70,323	0.000654	32,789	21	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	151,490	36,772,853	0.004120	10,227,374	42,137	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	195,413	39,693,459	0.004923	11,824,193	58,211	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	137,529	20,000,814	0.006876	8,730,849	60,033	73.00
74.00	07400 RENAL DIALYSIS	2,944	639,111	0.004606	424,025	1,953	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03330 ENDOSCOPY	120	99,362	0.001208	63,182	76	76.00
76.97	07697 CARDIAC REHABILITATION	17,829	1,313,698	0.013572	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	97,369	2,237,534	0.043516	5,552	242	90.00
90.24	04973 PALLIATIVE CARE	0	0	0.000000	0	0	90.24
91.00	09100 EMERGENCY	392,966	13,269,350	0.029615	1,420,022	42,054	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	194,457	7,330,566	0.026527	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	2,947,184	320,938,864		83,234,939	737,639	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150154		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/27/2014 11:47 am	
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	42,659	0	42,659	30.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
200.00		Total (lines 30-199)	0	0	42,659	0	42,659	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,719	4.89	4,187	20,474		30.00
32.00	03200	CORONARY CARE UNIT	3,320	0.00	1,629	0		32.00
200.00		Total (lines 30-199)	12,039		5,816	20,474		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150154

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	15,282	0	15,282	54.00	
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	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	22,342	0	22,342	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
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	
90.24	04973	PALLIATIVE CARE	0	0	0	0	0	90.24	
91.00	09100	EMERGENCY	0	0	12,419	0	12,419	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,796	3,796	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
200.00		Total (lines 50-199)	0	0	50,043	3,796	53,839	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:47 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	34,709,069	0.000000	0.000000	15,521,334	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,282	10,396,552	0.001470	0.001470	1,048,537	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	5,500,219	0.000000	0.000000	867,951	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	259,660	0.000000	0.000000	138,598	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	105,403,375	0.000000	0.000000	20,994,660	59.00
60.00	06000 LABORATORY	0	19,800,887	0.000000	0.000000	7,114,549	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,121,494	0.000000	0.000000	1,899,752	65.00
66.00	06600 PHYSICAL THERAPY	0	583,743	0.000000	0.000000	342,164	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	337,895	0.000000	0.000000	200,469	67.00
68.00	06800 SPEECH PATHOLOGY	0	36,254	0.000000	0.000000	17,174	68.00
69.00	06900 ELECTROCARDIOLOGY	0	18,362,646	0.000000	0.000000	2,361,765	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70,323	0.000000	0.000000	32,789	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,772,853	0.000000	0.000000	10,227,374	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	39,693,459	0.000000	0.000000	11,824,193	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,342	20,000,814	0.001117	0.001117	8,730,849	73.00
74.00	07400 RENAL DIALYSIS	0	639,111	0.000000	0.000000	424,025	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03330 ENDOSCOPY	0	99,362	0.000000	0.000000	63,182	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,313,698	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	2,237,534	0.000000	0.000000	5,552	90.00
90.24	04973 PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.24
91.00	09100 EMERGENCY	12,419	13,269,350	0.000936	0.000936	1,420,022	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,796	7,330,566	0.000518	0.000518	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	53,839	320,938,864			83,234,939	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:47 am
	Title XVIII	Hospital	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	563,210	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,541	3,066,934	4,508	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700	CT SCAN	0	1,671,683	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	27,524,231	0	59.00
60.00	06000	LABORATORY	0	142,479	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	61,037	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	4,745,784	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,124	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,815,609	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,963,692	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,752	1,893,367	2,115	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03330	ENDOSCOPY	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	630,284	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	933,988	0	90.00
90.24	04973	PALLIATIVE CARE	0	0	0	90.24
91.00	09100	EMERGENCY	1,329	2,728,838	2,554	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,339,184	694	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00		Total (lines 50-199)	12,622	56,082,444	9,871	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 11:47 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.168773	563,210	0	95,055	50.00	
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	51.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.116354	3,066,934	0	356,850	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00	
57.00	05700 CT SCAN	0.184746	1,671,683	0	308,837	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.068151	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.054928	27,524,231	0	1,511,851	59.00	
60.00	06000 LABORATORY	0.087677	142,479	0	12,492	60.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.384179	61,037	0	23,449	65.00	
66.00	06600 PHYSICAL THERAPY	0.308617	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.255041	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.199288	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.075951	4,745,784	0	360,447	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.050339	2,124	0	107	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.323962	2,815,609	0	912,150	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.387569	7,963,692	0	3,086,480	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257333	1,893,367	0	21,286	73.00	
74.00	07400 RENAL DIALYSIS	0.362532	0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00	
76.00	03330 ENDOSCOPY	0.093627	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	0.509970	630,284	0	321,426	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0.715905	933,988	0	668,647	90.00	
90.24	04973 PALLIATIVE CARE	0.000000	0	0	0	90.24	
91.00	09100 EMERGENCY	0.252037	2,728,838	0	687,768	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.175440	1,339,184	0	234,946	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00	
95.00	09500 AMBULANCE SERVICES	0.000000		0		95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00	
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00	
200.00	Subtotal (see instructions)		56,082,444	0	21,286	9,067,731	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		56,082,444	0	21,286	9,067,731	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 11:47 am
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,478		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03330 ENDOSCOPY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
90.24 04973 PALLIATIVE CARE	0	0		90.24
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	0	5,478		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	5,478		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150154		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/27/2014 11:47 am	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,184,888	0	2,184,888	8,719	250.59	30.00
32.00	CORONARY CARE UNIT	839,190		839,190	3,320	252.77	32.00
200.00	Total (Lines 30-199)	3,024,078		3,024,078	12,039		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	586	146,846				
32.00	CORONARY CARE UNIT	0	0				
200.00	Total (Lines 30-199)	586	146,846				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 11:47 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	705,543	34,709,069	0.020327	1,394,954	28,355	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	102,416	10,396,552	0.009851	99,455	980	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700 CT SCAN	115,282	5,500,219	0.020960	94,173	1,974	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	231	259,660	0.000890	35,325	31	58.00
59.00	05900 CARDIAC CATHETERIZATION	644,746	105,403,375	0.006117	2,499,820	15,291	59.00
60.00	06000 LABORATORY	56,894	19,800,887	0.002873	747,610	2,148	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	60,527	4,121,494	0.014686	179,467	2,636	65.00
66.00	06600 PHYSICAL THERAPY	3,625	583,743	0.006210	31,101	193	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,431	337,895	0.007195	15,262	110	67.00
68.00	06800 SPEECH PATHOLOGY	92	36,254	0.002538	3,371	9	68.00
69.00	06900 ELECTROCARDIOLOGY	65,234	18,362,646	0.003553	272,815	969	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	46	70,323	0.000654	8,917	6	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	151,490	36,772,853	0.004120	705,025	2,905	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	195,413	39,693,459	0.004923	1,212,318	5,968	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	137,529	20,000,814	0.006876	931,080	6,402	73.00
74.00	07400 RENAL DIALYSIS	2,944	639,111	0.004606	15,414	71	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03330 ENDOSCOPY	120	99,362	0.001208	3,150	4	76.00
76.97	07697 CARDIAC REHABILITATION	17,829	1,313,698	0.013572	155	2	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	97,369	2,237,534	0.043516	0	0	90.00
90.24	04973 PALLIATIVE CARE	0	0	0.000000	0	0	90.24
91.00	09100 EMERGENCY	392,966	13,269,350	0.029615	128,065	3,793	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	194,457	7,330,566	0.026527	15,169	402	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	2,947,184	320,938,864		8,392,646	72,249	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150154		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/27/2014 11:47 am	
Cost Center Description			Title XIX		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	42,659	0	42,659	30.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
200.00		Total (lines 30-199)	0	0	42,659		42,659	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,719	4.89	586	2,866		30.00
32.00	03200	CORONARY CARE UNIT	3,320	0.00	0	0		32.00
200.00		Total (lines 30-199)	12,039		586	2,866		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150154

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description		Title XIX				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	15,282	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,282	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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	22,342	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
90.24	04973	PALLIATIVE CARE	0	0	0	0	90.24
91.00	09100	EMERGENCY	0	0	12,419	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	50,043	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:47 am
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Cost Center Description		Title XIX			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	34,709,069	0.000000	0.000000	1,394,954	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,282	10,396,552	0.001470	0.001470	99,455	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	5,500,219	0.000000	0.000000	94,173	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	259,660	0.000000	0.000000	35,325	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	105,403,375	0.000000	0.000000	2,499,820	59.00
60.00	06000 LABORATORY	0	19,800,887	0.000000	0.000000	747,610	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,121,494	0.000000	0.000000	179,467	65.00
66.00	06600 PHYSICAL THERAPY	0	583,743	0.000000	0.000000	31,101	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	337,895	0.000000	0.000000	15,262	67.00
68.00	06800 SPEECH PATHOLOGY	0	36,254	0.000000	0.000000	3,371	68.00
69.00	06900 ELECTROCARDIOLOGY	0	18,362,646	0.000000	0.000000	272,815	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70,323	0.000000	0.000000	8,917	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	36,772,853	0.000000	0.000000	705,025	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	39,693,459	0.000000	0.000000	1,212,318	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,342	20,000,814	0.001117	0.001117	931,080	73.00
74.00	07400 RENAL DIALYSIS	0	639,111	0.000000	0.000000	15,414	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03330 ENDOSCOPY	0	99,362	0.000000	0.000000	3,150	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,313,698	0.000000	0.000000	155	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	2,237,534	0.000000	0.000000	0	90.00
90.24	04973 PALLIATIVE CARE	0	0	0.000000	0.000000	0	90.24
91.00	09100 EMERGENCY	12,419	13,269,350	0.000936	0.000936	128,065	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,330,566	0.000000	0.000000	15,169	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	50,043	320,938,864			8,392,646	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150154

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	146	0	0		54.00
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
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,040	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03330 ENDOSCOPY	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
90.24	04973 PALLIATIVE CARE	0	0	0		90.24
91.00	09100 EMERGENCY	120	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	1,306	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 11:47 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.168773	0	0	75,348	0 50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0 51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.116354	0	0	271,686	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
57.00	05700 CT SCAN	0.184746	0	0	255,306	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.068151	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.054928	0	0	2,175,616	0 59.00
60.00	06000 LABORATORY	0.087677	0	0	369,415	0 60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.384179	0	0	10,148	0 65.00
66.00	06600 PHYSICAL THERAPY	0.308617	0	0	1,751	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.255041	0	0	819	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.199288	0	0	647	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.075951	0	0	1,776,639	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.050339	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.323962	0	0	592,659	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.387569	0	0	937,504	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257333	0	0	207,657	0 73.00
74.00	07400 RENAL DIALYSIS	0.362532	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
76.00	03330 ENDOSCOPY	0.093627	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.509970	0	0	20,844	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	0.715905	0	0	49,663	0 90.00
90.24	04973 PALLIATIVE CARE	0.000000	0	0	0	0 90.24
91.00	09100 EMERGENCY	0.252037	0	0	717,992	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.175440	0	0	361,384	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0 96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0 97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0 98.00
200.00	Subtotal (see instructions)		0	0	7,825,078	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	7,825,078	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 11:47 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	12,717	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	31,612	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	47,167	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	119,502	59.00
60.00	06000 LABORATORY	0	32,389	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,899	65.00
66.00	06600 PHYSICAL THERAPY	0	540	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	209	67.00
68.00	06800 SPEECH PATHOLOGY	0	129	68.00
69.00	06900 ELECTROCARDIOLOGY	0	134,938	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	191,999	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	363,347	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	53,437	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03330 ENDOSCOPY	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	10,630	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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	35,554	90.00
90.24	04973 PALLIATIVE CARE	0	0	90.24
91.00	09100 EMERGENCY	0	180,961	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	63,401	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	0	1,282,431	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	1,282,431	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2014 11:47 am
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,719	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,719	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)		7,943	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,187	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		14,450,119	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)		14,450,119	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		14,450,119	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,657.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,939,157	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,939,157	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 11:47 am			
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00	
Intensive Care Type Inpatient Hospital Units								
42.00							42.00	
43.00	INTENSIVE CARE UNIT						43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						16,540,528	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						26,751,662	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,481,456	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						750,261	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						2,231,717	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						24,519,945	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)						776	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,657.31	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,286,073	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150154		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 11:47 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,184,888	14,450,119	0.151202	1,286,073	194,457	90.00
91.00	Nursing School cost	0	14,450,119	0.000000	1,286,073	0	91.00
92.00	Allied health cost	0	14,450,119	0.000000	1,286,073	0	92.00
93.00	All other Medical Education	42,659	14,450,119	0.002952	1,286,073	3,796	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2014 11:47 am
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,719	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,719	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)		7,943	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)		586	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		14,450,119	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)		14,450,119	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		14,450,119	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,657.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		971,184	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)		971,184	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150154		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 11:47 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Hospital PPS Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT	6,668,491	3,320	2,008.58	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,565,666	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,536,850	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)					149,712	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					73,555	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					223,267	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,313,583	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)					776	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,657.31	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,286,073	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150154		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 11:47 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,184,888	14,450,119	0.151202	1,286,073	194,457	90.00
91.00	Nursing School cost	0	14,450,119	0.000000	1,286,073	0	91.00
92.00	Allied health cost	0	14,450,119	0.000000	1,286,073	0	92.00
93.00	All other Medical Education	42,659	14,450,119	0.002952	1,286,073	3,796	93.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 150154

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

Worksheet D-2  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program Inpatient Days Title V																																																																																																																															
	1.00	2.00	3.00	4.00	5.00																																																																																																																															
<b>PART I - NOT IN APPROVED TEACHING PROGRAM</b>																																																																																																																																				
1.00	Total cost of services rendered	0.00	0			1.00																																																																																																																														
Hospital Inpatient Routine Services:																																																																																																																																				
2.00	ADULTS & PEDIATRICS	0.00	0	8,719	0.00	0 2.00																																																																																																																														
3.00	INTENSIVE CARE UNIT					3.00																																																																																																																														
4.00	CORONARY CARE UNIT	0.00	0	3,320	0.00	0 4.00																																																																																																																														
5.00	BURN INTENSIVE CARE UNIT					5.00																																																																																																																														
6.00	SURGICAL INTENSIVE CARE UNIT					6.00																																																																																																																														
7.00	OTHER SPECIAL CARE (SPECIFY)					7.00																																																																																																																														
8.00	NURSERY					8.00																																																																																																																														
9.00	Subtotal (sum of lines 2 through 8)	0.00	0			9.00																																																																																																																														
10.00	SUBPROVIDER - IPF					10.00																																																																																																																														
11.00	SUBPROVIDER - IRF					11.00																																																																																																																														
12.00	SUBPROVIDER					12.00																																																																																																																														
13.00	SKILLED NURSING FACILITY					13.00																																																																																																																														
14.00	NURSING FACILITY					14.00																																																																																																																														
15.00	OTHER LONG TERM CARE					15.00																																																																																																																														
16.00	HOME HEALTH AGENCY	0.00	0			16.00																																																																																																																														
17.00	CMHC	0.00	0			17.00																																																																																																																														
17.10	CORF	0.00	0			17.10																																																																																																																														
18.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00	0			18.00																																																																																																																														
19.00	HOSPICE	0.00	0			19.00																																																																																																																														
20.00	Subtotal (sum of lines 9 through 19)	0.00	0			20.00																																																																																																																														
<table border="1"> <thead> <tr> <th>Cost Center Description</th> <th></th> <th></th> <th>Total Charges (from Worksheet C, Part I, column 8, lines 88 through 93)</th> <th>Ratio of Cost to Charges (col. 2 ÷ col. 3)</th> <th>Titles V and XIX Outpatient and Title XVIII Part B Charges Title V</th> <th></th> </tr> <tr> <th></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="7">Hospital Outpatient Services:</td> </tr> <tr> <td>21.00</td> <td>RURAL HEALTH CLINIC</td> <td>0.00</td> <td>0</td> <td>0</td> <td>0.000000</td> <td>0 21.00</td> </tr> <tr> <td>22.00</td> <td>FEDERALLY QUALIFIED HEALTH CENTER</td> <td>0.00</td> <td>0</td> <td>0</td> <td>0.000000</td> <td>0 22.00</td> </tr> <tr> <td>23.00</td> <td>CLINIC</td> <td>0.00</td> <td>0</td> <td>2,237,534</td> <td>0.000000</td> <td>0 23.00</td> </tr> <tr> <td>23.24</td> <td>PALLIATIVE CARE</td> <td>0.00</td> <td>0</td> <td>0</td> <td>0.000000</td> <td>0 23.24</td> </tr> <tr> <td>24.00</td> <td>EMERGENCY</td> <td>0.00</td> <td>0</td> <td>13,269,350</td> <td>0.000000</td> <td>0 24.00</td> </tr> <tr> <td>25.00</td> <td>OBSERVATION BEDS (NON-DISTINCT PART)</td> <td>0.00</td> <td>0</td> <td>7,330,566</td> <td>0.000000</td> <td>0 25.00</td> </tr> <tr> <td>26.00</td> <td>OTHER OUTPATIENT SERVICE COST CENTER</td> <td></td> <td></td> <td></td> <td></td> <td>26.00</td> </tr> <tr> <td>27.00</td> <td>Subtotal (sum of lines 21 through 26)</td> <td>0.00</td> <td>0</td> <td></td> <td></td> <td>27.00</td> </tr> <tr> <td>28.00</td> <td>Total (sum of lines 20 and 27)</td> <td>0.00</td> <td>0</td> <td></td> <td></td> <td>28.00</td> </tr> </tbody> </table>							Cost Center Description			Total Charges (from Worksheet C, Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges Title V			1.00	2.00	3.00	4.00	5.00		Hospital Outpatient Services:							21.00	RURAL HEALTH CLINIC	0.00	0	0	0.000000	0 21.00	22.00	FEDERALLY QUALIFIED HEALTH CENTER	0.00	0	0	0.000000	0 22.00	23.00	CLINIC	0.00	0	2,237,534	0.000000	0 23.00	23.24	PALLIATIVE CARE	0.00	0	0	0.000000	0 23.24	24.00	EMERGENCY	0.00	0	13,269,350	0.000000	0 24.00	25.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.00	0	7,330,566	0.000000	0 25.00	26.00	OTHER OUTPATIENT SERVICE COST CENTER					26.00	27.00	Subtotal (sum of lines 21 through 26)	0.00	0			27.00	28.00	Total (sum of lines 20 and 27)	0.00	0			28.00																																										
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APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 150154

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

Worksheet D-2

Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description	Not In Approved Teaching Program		In Approved Teaching Program	
	(from Part I:)	Amount	(from Part II, col. 7, - )	
	1.00	2.00	3.00	
<b>PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)</b>				
<b>Hospital</b>				
43.00 Inpatient	col. 9, line 9.00		line 37.00	43.00
44.00 Outpatient	col. 9, line 27.00		0	44.00
45.00 Total Hospital (sum of lines 43 and 44)			0	45.00
46.00 SUBPROVIDER - IPF				46.00
47.00 SUBPROVIDER - IRF				47.00
48.00 SUBPROVIDER				48.00
49.00 SKILLED NURSING FACILITY				49.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 150154

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

Worksheet D-2  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description	Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)	
	Title XVIII, Part B Only Less Part A Coverage but no Part B Coverage	Title XIX				
	6.00	7.00				
<b>PART I - NOT IN APPROVED TEACHING PROGRAM</b>						
1.00	Total cost of services rendered					1.00
Hospital Inpatient Routine Services:						
2.00	ADULTS & PEDIATRICS	4,187	586	0	0	2.00
3.00	INTENSIVE CARE UNIT					3.00
4.00	CORONARY CARE UNIT	1,629	0	0	0	4.00
5.00	BURN INTENSIVE CARE UNIT					5.00
6.00	SURGICAL INTENSIVE CARE UNIT					6.00
7.00	OTHER SPECIAL CARE (SPECIFY)					7.00
8.00	NURSERY					8.00
9.00	Subtotal (sum of lines 2 through 8)			0	0	9.00
10.00	SUBPROVIDER - IPF					10.00
11.00	SUBPROVIDER - IRF					11.00
12.00	SUBPROVIDER					12.00
13.00	SKILLED NURSING FACILITY					13.00
14.00	NURSING FACILITY					14.00
15.00	OTHER LONG TERM CARE					15.00
16.00	HOME HEALTH AGENCY					16.00
17.00	CMHC					17.00
17.10	CORF					17.10
18.00	AMBULATORY SURGICAL CENTER (D.P.)					18.00
19.00	HOSPICE					19.00
20.00	Subtotal (sum of lines 9 through 19)					20.00
Cost Center Description		Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost		
		Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX
		6.00	7.00	8.00	9.00	10.00
Hospital Outpatient Services:						
21.00	RURAL HEALTH CLINIC	0	0	0	0	21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	22.00
23.00	CLINIC	939,540	49,663	0	0	23.00
23.24	PALLIATIVE CARE	0	0	0	0	23.24
24.00	EMERGENCY	4,148,860	846,057	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,339,184	376,553	0	0	25.00
26.00	OTHER OUTPATIENT SERVICE COST CENTER					26.00
27.00	Subtotal (sum of lines 21 through 26)			0	0	27.00
28.00	Total (sum of lines 20 and 27)					28.00
Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents		
		6.00	7.00	11.00		
<b>PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)</b>						
Hospital Inpatient Routine Services:						
29.00	ADULTS & PEDIATRICS	134	655	0		29.00
30.00	Swing Bed - SNF	0	0			30.00
31.00	Swing Bed - NF					31.00
32.00	INTENSIVE CARE UNIT					32.00
33.00	CORONARY CARE UNIT	0	0	0		33.00
34.00	BURN INTENSIVE CARE UNIT					34.00
35.00	SURGICAL INTENSIVE CARE UNIT					35.00
36.00	OTHER SPECIAL CARE (SPECIFY)					36.00
37.00	Subtotal (sum of lines 28, and 29 through 36)		655	0		37.00
38.00	SUBPROVIDER - IPF					38.00
39.00	SUBPROVIDER - IRF					39.00
40.00	SUBPROVIDER					40.00
41.00	SKILLED NURSING FACILITY					41.00
42.00	Total (sum of lines 37 through 41)		655	0		42.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 150154

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

Worksheet D-2

Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description	In Approved Teaching Program	Total Title XVIII Costs			
	Amount	(to Wkst. E, Part B - )			(col. 2 + col. 4)
	4.00	5.00			6.00
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)					
Hospital					
43.00	Inpatient	655		655	43.00
44.00	Outpatient				44.00
45.00	Total Hospital (sum of lines 43 and 44)	655	line 2.00	655	45.00
46.00	SUBPROVIDER - IPF				46.00
47.00	SUBPROVIDER - IRF				47.00
48.00	SUBPROVIDER				48.00
49.00	SKILLED NURSING FACILITY				49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 11:47 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		8,305,016	30.00
32.00	03200	CORONARY CARE UNIT		5,127,021	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.170016	15,521,334	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116354	1,048,537	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
57.00	05700	CT SCAN	0.184746	867,951	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.068151	138,598	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057302	20,994,660	59.00
60.00	06000	LABORATORY	0.087677	7,114,549	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.384179	1,899,752	65.00
66.00	06600	PHYSICAL THERAPY	0.308617	342,164	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255041	200,469	67.00
68.00	06800	SPEECH PATHOLOGY	0.199288	17,174	68.00
69.00	06900	ELECTROCARDIOLOGY	0.092567	2,361,765	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.050339	32,789	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.323962	10,227,374	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.387569	11,824,193	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257333	8,730,849	73.00
74.00	07400	RENAL DIALYSIS	0.362532	424,025	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03330	ENDOSCOPY	0.093627	63,182	76.00
76.97	07697	CARDIAC REHABILITATION	0.509970	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.729932	5,552	90.00
90.24	04973	PALLIATIVE CARE	0.000000	0	90.24
91.00	09100	EMERGENCY	0.258004	1,420,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.175440	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		83,234,939	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)		83,234,939	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 11:47 am	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		874,310	30.00
32.00	03200	CORONARY CARE UNIT		587,978	32.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.170016	1,394,954	237,164 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116354	99,455	11,572 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
57.00	05700	CT SCAN	0.184746	94,173	17,398 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.068151	35,325	2,407 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.057302	2,499,820	143,245 59.00
60.00	06000	LABORATORY	0.087677	747,610	65,548 60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.384179	179,467	68,947 65.00
66.00	06600	PHYSICAL THERAPY	0.308617	31,101	9,598 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255041	15,262	3,892 67.00
68.00	06800	SPEECH PATHOLOGY	0.199288	3,371	672 68.00
69.00	06900	ELECTROCARDIOLOGY	0.092567	272,815	25,254 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.050339	8,917	449 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.323962	705,025	228,401 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.387569	1,212,318	469,857 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257333	931,080	239,598 73.00
74.00	07400	RENAL DIALYSIS	0.362532	15,414	5,588 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03330	ENDOSCOPY	0.093627	3,150	295 76.00
76.97	07697	CARDIAC REHABILITATION	0.509970	155	79 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.729932	0	0 90.00
90.24	04973	PALLIATIVE CARE	0.000000	0	0 90.24
91.00	09100	EMERGENCY	0.258004	128,065	33,041 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.175440	15,169	2,661 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		8,392,646	1,565,666 200.00
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)		8,392,646	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 11:47 am
		Title XVII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		14,372,110	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		4,841,895	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)		1,213,326	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		7,132,245	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		53.87	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.17	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)		0.17	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.16	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)		0.16	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.		0.05	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		0.05	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000928	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.002970	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000928	21.00
22.00	IME payment adjustment (see instructions)		13,384	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		13,384	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 11:47 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000028356	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)			0	36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)			20,440,715	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)			20,440,715	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			1,688,070	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			19,134	53.00
54.00	Special add-on payments for new technologies			8,172	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).			20,474	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			12,622	58.00
59.00	Total (sum of amounts on lines 49 through 58)			22,189,187	59.00
60.00	Primary payer payments			9,876	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			22,179,311	61.00
62.00	Deductibles billed to program beneficiaries			1,144,704	62.00
63.00	Coinurance billed to program beneficiaries			21,608	63.00
64.00	Allowable bad debts (see instructions)			56,595	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			36,787	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			39,181	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			21,049,786	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			19,536	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 PER PS&R			-20,252	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			214	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-62,978	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: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 11:47 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		20,947,234		71.00
71.01	Sequestration adjustment (see instructions)		316,303		71.01
72.00	Interim payments		20,592,517		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		38,414		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 11:47 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		5,478	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,057,860	2.00
3.00	PPS payments		10,781,253	3.00
4.00	Outlier payment (see instructions)		82,538	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		9,871	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,478	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		21,286	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)		21,286	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		21,286	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		15,808	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)		5,478	21.00
22.00	Interns and residents (see instructions)		655	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)		10,873,662	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,558,390	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		9,321,405	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,321,405	30.00
31.00	Primary payer payments		4,251	31.00
32.00	Subtotal (line 30 minus line 31)		9,317,154	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		219,188	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		142,472	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		201,880	36.00
37.00	Subtotal (see instructions)		9,459,626	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)		9,459,626	40.00
40.01	Sequestration adjustment (see instructions)		142,840	40.01
41.00	Interim payments		9,273,134	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		43,652	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150154

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2014 11:47 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		20,592,517		9,273,134	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)		20,592,517		9,273,134	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		38,414		43,652	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		20,630,931		9,316,786	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: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/27/2014 11:47 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		2,880	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		5,816	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		1,951	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		11,263	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		348,845,940	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		7,289,546	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,239,322	8.00
9.00	Sequestration adjustment amount (see instructions)		24,786	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,214,536	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,198,999	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)		15,537	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2014 11:47 am
		Title XIX	Hospital	PPS
		Inpatient	Outpatient	
		1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		1,282,431	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	1,282,431	4.00
5.00	Inpatient primary payer payments	15,176		5.00
6.00	Outpatient primary payer payments		163,112	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	-15,176	1,119,319	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	8,392,646	7,825,078	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	8,392,646	7,825,078	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	8,392,646	7,825,078	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	8,392,646	6,542,647	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	1,282,431	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	4,172	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	4,172	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	4,172	1,282,431	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	-11,004	1,119,319	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	-11,004	1,119,319	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	-11,004	1,119,319	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	-11,004	1,119,319	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	-11,004	1,119,319	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 11:47 am	
		Title VIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.17	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.17	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.16	6.00
7.00	Enter the lesser of line 5 or line 6			0.16	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.16	0.00	0.16	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.16	0.00	0.16	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.16	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.05	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.05	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	5,816	1,951		26.00
27.00	Total Inpatient Days (see instructions)	11,263	11,263		27.00
28.00	Ratio of inpatient days to total inpatient days	0.516381	0.173222		28.00
29.00	Program direct GME amount	0	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 11:47 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		639,111	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		26,751,662	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		9,876	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		26,741,786	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		9,073,864	42.00
43.00	Primary payer payments (see instructions)		4,251	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		9,069,613	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		35,811,399	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.746739	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.253261	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		0	50.00

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

Provider CCN: 150154

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

Worksheet G

Date/Time Prepared:  
5/27/2014 11:47 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	128,217	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	46,982,514	0	0	0	4.00
5.00	Other receivable	456,592	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-31,784,833	0	0	0	6.00
7.00	Inventory	3,279,593	0	0	0	7.00
8.00	Prepaid expenses	291,142	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	19,353,225	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	53,839,394	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	730,052	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	29,374,622	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-45,340,650	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)	38,603,418	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	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	34,735,781	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	34,735,781	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	92,692,424	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	5,236,377	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,677,870	0	0	0	38.00
39.00	Payroll taxes payable	1,312,658	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,282,187	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,509,092	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,602,494	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,602,494	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	11,111,586	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	81,580,838				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)	81,580,838	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	92,692,424	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150154

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

Worksheet G-1

Date/Time Prepared:  
5/27/2014 11:47 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		58,713,520		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		22,867,319			2.00
3.00	Total (sum of line 1 and line 2)		81,580,839		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)		81,580,839		0	11.00
12.00	ROUNDING	1		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)		1		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		81,580,838		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	ROUNDING		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: 150154

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/27/2014 11:47 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	22,148,585		22,148,585	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	22,148,585		22,148,585	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT	2,720,037		2,720,037	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,720,037		2,720,037	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	24,868,622		24,868,622	17.00
18.00	Ancillary services	175,723,814	156,152,590	331,876,404	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	200,592,436	156,152,590	356,745,026	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		95,978,751		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	BAD DEBT	1,641,903			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)		1,641,903		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		94,336,848		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150154

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

Worksheet G-3

Date/Time Prepared:  
5/27/2014 11:47 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	356,745,026	1.00
2.00	Less contractual allowances and discounts on patients' accounts	240,156,276	2.00
3.00	Net patient revenues (line 1 minus line 2)	116,588,750	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	94,336,848	4.00
5.00	Net income from service to patients (line 3 minus line 4)	22,251,902	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	430,643	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	ALL OTHER MISC REVENUE	1,826,677	24.00
25.00	Total other income (sum of lines 6-24)	2,257,320	25.00
26.00	Total (line 5 plus line 25)	24,509,222	26.00
27.00	BAD DEBT	1,641,903	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,641,903	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	22,867,319	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150154	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/27/2014 11:47 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,528,334	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		158,972	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)		30.86	3.00
4.00	Number of interns & residents (see instructions)		0.05	4.00
5.00	Indirect medical education percentage (see instructions)		0.05	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		764	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,688,070	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00