

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: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/23/2014 2:02 pm
--	----------------------	---	--

<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/23/2014	Time: 2:02 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ALTON MEMORIAL HOSPITAL ( 140002 ) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_ Title

\_\_\_\_\_ Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	23,127	214,077	119,248	0	1.00
2.00 Subprovider - IPF	0	1,076	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	-299	0		0	7.00
200.00 Total	0	23,904	214,077	119,248	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/23/2014 1:57 pm
---	--	----------------------	---	---

1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: ONE MEMORIAL DRIVE	PO Box:								1.00
2.00	City: ALTON	State: IL	Zip Code: 62002-		County: MADISON					2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ALTON MEMORIAL HOSPITAL	140002	41180	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	ALTON MEMORIAL HOSPITAL PSYCH	14S002	41180	4	01/01/2008	N	P	N	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	ALTON MEMORIAL HOSPITAL SNF	145566	41180		10/15/1986	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013	12/31/2013	20.00	
21.00	Type of Control (see instructions)					1		21.00	

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y	22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N	23.00	

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
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.						
	3,614	467	28	12	25	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.						
	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/23/2014 1:57 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	0			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.	0			38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/23/2014 1:57 pm		
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00
			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<b>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.</b>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/23/2014 1:57 pm																																																																																																																																															
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))																																																																																																																																															
		1.00	2.00	3.00																																																																																																																																															
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010																																																																																																																																																			
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00																																																																																																																																														
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))																																																																																																																																													
		1.00	2.00	3.00	4.00	5.00																																																																																																																																													
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000																																																																																																																																													
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2">Inpatient Psychiatric Facility PPS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>70.00</td> <td>Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td>Y</td> <td></td> </tr> <tr> <td>71.00</td> <td>If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period 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)</td> <td></td> <td></td> <td></td> <td>N</td> <td>0</td> </tr> <tr> <td colspan="7">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td></td> </tr> <tr> <td>76.00</td> <td>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)</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2">Long Term Care Hospital PPS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>80.00</td> <td>Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td colspan="7">TEFRA Providers</td> </tr> <tr> <td>85.00</td> <td>Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="2">Title V and XIX Services</td> <td></td> <td></td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td>Y</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td>0.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table> </td></tr></tbody></table>									1.00	2.00	3.00	4.00	5.00	Inpatient Psychiatric Facility PPS							70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	0	Inpatient Rehabilitation Facility PPS							75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		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	<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2">Long Term Care Hospital PPS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>80.00</td> <td>Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td colspan="7">TEFRA Providers</td> </tr> <tr> <td>85.00</td> <td>Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="2">Title V and XIX Services</td> <td></td> <td></td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td>Y</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td>0.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00	Long Term Care Hospital PPS							80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	TEFRA Providers							85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						<table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="2">Title V and XIX Services</td> <td></td> <td></td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td>Y</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td>0.00</td> </tr> </tbody> </table>									V	XIX			1.00	2.00	Title V and XIX Services				90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	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	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.		Y	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	94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00
		1.00	2.00	3.00	4.00	5.00																																																																																																																																													
Inpatient Psychiatric Facility PPS																																																																																																																																																			
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y																																																																																																																																														
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	0																																																																																																																																													
Inpatient Rehabilitation Facility PPS																																																																																																																																																			
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N																																																																																																																																														
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																																																																																																																																													
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2">Long Term Care Hospital PPS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>80.00</td> <td>Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td colspan="7">TEFRA Providers</td> </tr> <tr> <td>85.00</td> <td>Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="2">Title V and XIX Services</td> <td></td> <td></td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td>Y</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td>0.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00	Long Term Care Hospital PPS							80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	TEFRA Providers							85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						<table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="2">Title V and XIX Services</td> <td></td> <td></td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td>Y</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td>0.00</td> </tr> </tbody> </table>									V	XIX			1.00	2.00	Title V and XIX Services				90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	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	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.		Y	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	94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00																																																								
		1.00	2.00	3.00	4.00	5.00																																																																																																																																													
Long Term Care Hospital PPS																																																																																																																																																			
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N																																																																																																																																													
TEFRA Providers																																																																																																																																																			
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N																																																																																																																																													
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.																																																																																																																																																		
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="2">Title V and XIX Services</td> <td></td> <td></td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td>Y</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td>0.00</td> </tr> </tbody> </table>									V	XIX			1.00	2.00	Title V and XIX Services				90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	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	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.		Y	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	94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00																																																																																																									
		V	XIX																																																																																																																																																
		1.00	2.00																																																																																																																																																
Title V and XIX Services																																																																																																																																																			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N																																																																																																																																																
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																																																																																																																																																
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.		Y																																																																																																																																																
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																																																																																																																																																
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N																																																																																																																																																
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00																																																																																																																																																

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/23/2014 1:57 pm		
		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00	
<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	
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	109.00
		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	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	20,000	479,000		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
<b>DO NOT USE THIS LINE</b>						
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		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
<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			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/23/2014 1:57 pm			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	269026	140.00			
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BJC HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05301			
142.00	Street: 4901 FOREST PARK AVENUE	PO Box:					
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108			
				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			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00			
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00			
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0		168.00			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	1.00		169.00			
		Beginni ng 1.00		Endi ng 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)	11/06/2012		02/03/2013			

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/23/2014 1:57 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/28/2014	Y	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)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		Y	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/23/2014 1:57 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			Y	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
<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.	PAUL		BRADSHAW	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-7419		PJB1541@BJC.ORG	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)	04/28/2014		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			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.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

VOLUNTARY CONTACT INFORMATION	Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part V Date/Time Prepared: 5/23/2014 1:57 pm
-------------------------------	----------------------	---	---

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	PAUL	1.00
2.00	Last Name	BRADSHAW	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTHCARE	4.00
5.00	Phone Number	(314)362-7419	5.00
6.00	E-mail Address	PJB1541@BJC.ORG	6.00
7.00	Department	BJC@THECOMMONS	7.00
8.00	Mailing Address 1	MAILSTOP 90-67-808	8.00
9.00	Mailing Address 2	4249 CLAYTON AVE.	9.00
10.00	City	ST. LOUIS	10.00
11.00	State		MO 11.00
12.00	Zip	63110	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part IX Date/Time Prepared: 5/23/2014 1:57 pm	
			Title V	Title XIX	
			1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	3.00
			Inpatient	Outpatient	
			1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
<b>RCE DISALLOWANCE</b>					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	6.00
<b>PASS THROUGH COST</b>					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140002

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/23/2014 1:57 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	120	43,800	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)		120	43,800	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		132	48,180	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	24	8,760		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		176				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: 140002

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/23/2014 1:57 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,689	3,540	22,690			1.00
2.00 HMO and other (see instructions)	2,414	25				2.00
3.00 HMO IPF Subprovider	75	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)	11,689	3,540	22,690			7.00
8.00 INTENSIVE CARE UNIT	1,473	581	2,850			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)	13,162	4,121	25,540	0.00	686.88	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,563	27	2,899	0.00	19.98	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	3,200	199	4,540	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	706.86	27.00
28.00 Observation Bed Days		0	1,354			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: 140002

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/23/2014 1:57 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,015	1,315	7,250	1.00
2.00 HMO and other (see instructions)			586			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,015	1,315	7,250	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	198	1	247	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140002		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/23/2014 1:57 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	38,451,164	0	38,451,164	1,464,325.00	26.26	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		45,812	0	45,812	371.00	123.48	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		134,310	0	134,310	1,697.00	79.15	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	1,202,400	0	1,202,400	45,106.00	26.66	9.00
10.00	Excluded area salaries (see instructions)		3,723,772	22,964	3,746,736	170,255.00	22.01	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		611,410	0	611,410	7,235.00	84.51	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		333,070	0	333,070	2,253.00	147.83	13.00
14.00	Home office salaries & wage-related costs		6,518,960	0	6,518,960	146,877.00	44.38	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		9,128,083	0	9,128,083			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,362,226	0	1,362,226			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		10,955	0	10,955			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		31,950	0	31,950			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	932,693	175,284	1,107,977	67,609.00	16.39	26.00
27.00	Administrative & General	5.00	2,895,343	-403,680	2,491,663	93,057.00	26.78	27.00
28.00	Administrative & General under contract (see inst.)		606,985	0	606,985	6,080.00	99.83	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	791,167	0	791,167	31,521.00	25.10	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	845,209	0	845,209	69,989.00	12.08	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,599,108	0	1,599,108	103,762.00	15.41	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	728,758	0	728,758	22,123.00	32.94	38.00
39.00	Central Services and Supply	14.00	208,585	0	208,585	12,327.00	16.92	39.00
40.00	Pharmacy	15.00	1,579,313	0	1,579,313	42,293.00	37.34	40.00
41.00	Medical Records & Medical Records Library	16.00	790,122	228,396	1,018,518	47,026.00	21.66	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140002

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/23/2014 1:57 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	575,304	0	575,304	18,966.00	30.33	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: 140002

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/23/2014 1:57 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es 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)	40,522,947	0	40,522,947	1,572,470.00	25.77	1.00
2.00	Excluded area salaries (see instructions)	4,926,172	22,964	4,949,136	215,361.00	22.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)	35,596,775	-22,964	35,573,811	1,357,109.00	26.21	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,463,440	0	7,463,440	156,365.00	47.73	4.00
5.00	Subtotal wage-related costs (see inst.)	9,139,038	0	9,139,038	0.00	25.69	5.00
6.00	Total (sum of lines 3 thru 5)	52,199,253	-22,964	52,176,289	1,513,474.00	34.47	6.00
7.00	Total overhead cost (see instructions)	11,552,587	0	11,552,587	514,753.00	22.44	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140002

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/23/2014 1:57 pm

		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	429,166	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,572,177	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	4,451,139	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	148,691	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	32,217	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)	62,412	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	756,254	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	2,705,877	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	57,271	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	318,010	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>	<b>10,533,214</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140002

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/23/2014 1:57 pm

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140002

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

Worksheet S-7

Date/Time Prepared:  
5/23/2014 1:57 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	22	0	22 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	45	0	45 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	26	0	26 14.00
15.00		RVC	72	0	72 15.00
16.00		RVB	184	0	184 16.00
17.00		RVA	583	0	583 17.00
18.00		RHC	207	0	207 18.00
19.00		RHB	418	0	418 19.00
20.00		RHA	820	0	820 20.00
21.00		RMC	53	0	53 21.00
22.00		RMB	100	0	100 22.00
23.00		RMA	195	0	195 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	14	0	14 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	80	0	80 31.00
32.00		HD1	12	0	12 32.00
33.00		HC2	24	0	24 33.00
34.00		HC1	3	0	3 34.00
35.00		HB2	48	0	48 35.00
36.00		HB1	107	0	107 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	14	0	14 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	5	0	5 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	7	0	7 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	4	0	4 48.00
49.00		CC2	3	0	3 49.00
50.00		CC1	5	0	5 50.00
51.00		CB2	10	0	10 51.00
52.00		CB1	21	0	21 52.00
53.00		CA2	11	0	11 53.00
54.00		CA1	107	0	107 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140002

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

Worksheet S-7

Date/Time Prepared:  
5/23/2014 1:57 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		3,200	0	3,200	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		41180	41180	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		1,202,400	41.77	N	202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		2,878,751			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/23/2014 1:57 pm
---	----------------------	---	--

				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)		0.249251		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		7,393,074		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		4,642,972		5.00
6.00	Medicaid charges		56,231,235		6.00
7.00	Medicaid cost (line 1 times line 6)		14,015,692		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)		1,979,646		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		10,007		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		24,866		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,979,646		19.00
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	12,596,418	2,785,019	15,381,437	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,139,670	694,169	3,833,839	21.00
22.00	Partial payment by patients approved for charity care	959,018	384,333	1,343,351	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,180,652	309,836	2,490,488	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		12,440,925		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		915,891		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		11,525,034		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,872,626		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,363,114		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,342,760		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140002		Period: From 01/01/2013 To 12/31/2013		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	5,173,153	5,173,153	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,768,105	4,768,105	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	318,836	886,370	1,205,206	-186	1,205,020	4.00
4.03	00401	ADMINISTRATIVE	613,857	227,775	841,632	280,644	1,122,276	4.03
5.00	00500	ADMINISTRATIVE & GENERAL	2,895,343	17,348,030	20,243,373	-8,986,321	11,257,052	5.00
7.00	00700	OPERATION OF PLANT	791,167	2,166,238	2,957,405	-15,882	2,941,523	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	396,337	396,337	0	396,337	8.00
9.00	00900	HOUSEKEEPING	845,209	514,372	1,359,581	-1,415	1,358,166	9.00
10.00	01000	DIETARY	0	2,252,178	2,252,178	-14,435	2,237,743	10.00
11.00	01100	CAFETERIA	0	42,506	42,506	0	42,506	11.00
13.00	01300	NURSING ADMINISTRATION	728,758	355,628	1,084,386	-109,761	974,625	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	208,585	309,456	518,041	-283,504	234,537	14.00
15.00	01500	PHARMACY	1,579,313	11,794,872	13,374,185	-200,093	13,174,092	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	790,122	340,362	1,130,484	404,587	1,535,071	16.00
17.00	01700	SOCIAL SERVICE	575,304	377,058	952,362	-531	951,831	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	8,398,144	4,665,479	13,063,623	-804,702	12,258,921	30.00
31.00	03100	INTENSIVE CARE UNIT	1,843,699	1,058,424	2,902,123	-173,561	2,728,562	31.00
40.00	04000	SUBPROVIDER - IPF	1,148,880	387,435	1,536,315	-5,970	1,530,345	40.00
44.00	04400	SKILLED NURSING FACILITY	1,202,400	469,720	1,672,120	-31,985	1,640,135	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,907,797	6,901,201	8,808,998	-4,773,802	4,035,196	50.00
51.00	05100	RECOVERY ROOM	356,911	138,172	495,083	8,668	503,751	51.00
53.00	05300	ANESTHESIOLOGY	28,555	378,799	407,354	-141,524	265,830	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,287,077	2,031,354	4,318,431	-459,614	3,858,817	54.00
56.00	05600	RADIOISOTOPE	198,473	351,174	549,647	-75,571	474,076	56.00
59.00	05900	CARDIAC CATHETERIZATION	598,067	2,359,692	2,957,759	-2,016,467	941,292	59.00
60.00	06000	LABORATORY	1,377,374	2,147,990	3,525,364	-511,879	3,013,485	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	215,399	969,758	1,185,157	264,421	1,449,578	63.00
65.00	06500	RESPIRATORY THERAPY	691,830	405,788	1,097,618	-79,222	1,018,396	65.00
66.00	06600	PHYSICAL THERAPY	1,015,594	386,712	1,402,306	-31,128	1,371,178	66.00
67.00	06700	OCCUPATIONAL THERAPY	197,541	49,027	246,568	9,267	255,835	67.00
68.00	06800	SPEECH PATHOLOGY	146,354	39,083	185,437	6,610	192,047	68.00
69.00	06900	ELECTROCARDIOLOGY	759,236	502,098	1,261,334	60,849	1,322,183	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,115,035	3,115,035	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	5,087,247	5,087,247	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	401,973	401,973	-17,695	384,278	74.00
76.00	03020	ONCOLOGY	774,717	1,776,768	2,551,485	-18,741	2,532,744	76.00
76.01	03021	DIGESTIVE HEALTH	547,032	495,767	1,042,799	-218,133	824,666	76.01
76.02	03550	OP PSYCH	0	509,788	509,788	-331	509,457	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	235,845	235,845	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	2,834,698	2,782,465	5,617,163	-280,894	5,336,269	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	1,695,043	1,136,094	2,831,137	-159,713	2,671,424	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,571,315	67,355,943	104,927,258	1,371	104,928,629	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,846	7,522	25,368	-1,151	24,217	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,092	13,092	0	13,092	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	9,763	17,417	27,180	-76	27,104	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	195,970	892,837	1,088,807	-144	1,088,663	193.01
193.02	19302	MEDICAL OFFICE BUILDING	140,213	401,261	541,474	0	541,474	193.02
193.03	19303	HOME CARE PHARMACY	353,947	2,665,589	3,019,536	0	3,019,536	193.03
193.04	19304	MANAGEMENT SERVICES	108,704	79,775	188,479	0	188,479	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	POB 2	53,406	377,312	430,718	0	430,718	193.07
200.00		TOTAL (SUM OF LINES 118-199)	38,451,164	71,810,748	110,261,912	0	110,261,912	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140002

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

Worksheet A  
Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	5,173,153	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	4,768,105	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-25,976	1,179,044	4.00
4.03	00401	ADMINISTRATIVE	0	1,122,276	4.03
5.00	00500	ADMINISTRATIVE & GENERAL	7,743,853	19,000,905	5.00
7.00	00700	OPERATION OF PLANT	-39,894	2,901,629	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	396,337	8.00
9.00	00900	HOUSEKEEPING	0	1,358,166	9.00
10.00	01000	DIETARY	-484,885	1,752,858	10.00
11.00	01100	CAFETERIA	0	42,506	11.00
13.00	01300	NURSING ADMINISTRATION	-2,698	971,927	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-50	234,487	14.00
15.00	01500	PHARMACY	-410	13,173,682	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-96,492	1,438,579	16.00
17.00	01700	SOCIAL SERVICE	0	951,831	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,091,104	11,167,817	30.00
31.00	03100	INTENSIVE CARE UNIT	-234,407	2,494,155	31.00
40.00	04000	SUBPROVIDER - IPF	-57,480	1,472,865	40.00
44.00	04400	SKILLED NURSING FACILITY	0	1,640,135	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-203,120	3,832,076	50.00
51.00	05100	RECOVERY ROOM	0	503,751	51.00
53.00	05300	ANESTHESIOLOGY	-17,214	248,616	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,395	3,854,422	54.00
56.00	05600	RADIOISOTOPE	0	474,076	56.00
59.00	05900	CARDIAC CATHETERIZATION	-23,451	917,841	59.00
60.00	06000	LABORATORY	5,045	3,018,530	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-100	1,449,478	63.00
65.00	06500	RESPIRATORY THERAPY	-1,005	1,017,391	65.00
66.00	06600	PHYSICAL THERAPY	-21,859	1,349,319	66.00
67.00	06700	OCCUPATIONAL THERAPY	-392	255,443	67.00
68.00	06800	SPEECH PATHOLOGY	-27	192,020	68.00
69.00	06900	ELECTROCARDIOLOGY	-41,775	1,280,408	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,115,035	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,087,247	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	384,278	74.00
76.00	03020	ONCOLOGY	-1,401,000	1,131,744	76.00
76.01	03021	DIGESTIVE HEALTH	-88	824,578	76.01
76.02	03550	OP PSYCH	-1,168	508,289	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	235,845	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-1,446,629	3,889,640	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	2,671,424	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,553,279	107,481,908	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,217	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,092	192.00
192.01	19201	TWIN RIVERS MRI	0	0	192.01
193.00	19300	NONPAID WORKERS	0	27,104	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	1,088,663	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	541,474	193.02
193.03	19303	HOME CARE PHARMACY	0	3,019,536	193.03
193.04	19304	MANAGEMENT SERVICES	0	188,479	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	193.05
193.06	19306	VACANT SPACE	0	0	193.06
193.07	19307	POB 2	0	430,718	193.07
200.00		TOTAL (SUM OF LINES 118-199)	2,553,279	112,815,191	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet Non-CMS W Date/Time Prepared: 5/23/2014 1:57 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
4.03	ADMINISTRATIVE	00401		4.03
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - IPF	04000		40.00
44.00	SKILLED NURSING FACILITY	04400		44.00
46.00	OTHER LONG TERM CARE	04600		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00	RADIOISOTOPE	05600		56.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ONCOLOGY	03020		76.00
76.01	DIGESTIVE HEALTH	03021		76.01
76.02	OP PSYCH	03550		76.02
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	09500		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	TWIN RIVERS MRI	19201		192.01
193.00	NONPAID WORKERS	19300		193.00
193.01	PHYSICIAN/PUBLIC RELATIONS	19301		193.01
193.02	MEDICAL OFFICE BUILDING	19302		193.02
193.03	HOME CARE PHARMACY	19303		193.03
193.04	MANAGEMENT SERVICES	19304		193.04
193.05	EUNICE SMITH NURSING HOME	19305		193.05
193.06	VACANT SPACE	19306		193.06
193.07	POB 2	19307		193.07
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140002

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

Worksheet A-6

Date/Time Prepared:  
5/23/2014 1:57 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - RECLASS DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	5,173,153	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	4,768,105	2.00
	<b>TOTALS</b>		0	9,941,258	
<b>B - RECLASS MEDICAL SUPPLIES</b>					
1.00	MEDI CAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,202,282	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
	<b>TOTALS</b>		0	8,202,282	
<b>C - TO RECLASS LAB ADMIN</b>					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	201,520	115,768	1.00
	<b>TOTALS</b>		201,520	115,768	
<b>D - TO RECLASS DIRECTOR'S EXPENSE</b>					
1.00	RECOVERY ROOM	51.00	11,056	846	1.00
2.00	ANESTHESIOLOGY	53.00	18,496	1,415	2.00
3.00	RADIOISOTOPE	56.00	4,755	364	3.00
4.00	OCCUPATIONAL THERAPY	67.00	14,425	1,103	4.00
5.00	SPEECH PATHOLOGY	68.00	6,140	470	5.00
6.00	ELECTROCARDIOLOGY	69.00	110,705	8,470	6.00
7.00	ONCOLOGY	76.00	26,532	2,030	7.00
8.00	DIAGNOSTIC HEALTH	76.01	28,050	2,146	8.00
9.00	AMBULANCE SERVICES	95.00	22,964	1,757	9.00
	<b>TOTALS</b>		243,123	18,601	
<b>E - TO RECLASS HYPERBARIC OXYGEN EXPENSE</b>					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	0	235,845	1.00
	<b>TOTALS</b>		0	235,845	
<b>F - TO RECLASS DEPRECIATION DEPT EXPENSE</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,640,259	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00

RECLASSIFICATIONS

Provider CCN: 140002

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

Worksheet A-6

Date/Time Prepared:  
5/23/2014 1:57 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
	TOTALS		0	1,640,259	
G - TO RECLASS NORTH REGION SPLIT					
1.00	ADMINISTRATIVE	4.03	175,284	105,360	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	228,396	176,282	2.00
	TOTALS		403,680	281,642	
H - TO RECLASS MEDICAL IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	5,087,247	1.00
	TOTALS		0	5,087,247	
500.00	Grand Total: Increases		848,323	25,522,902	500.00

RECLASSIFICATIONS

Provider CCN: 140002

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

Worksheet A-6  
Date/Time Prepared:  
5/23/2014 1:57 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>A - RECLASS DEPRECIATION</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,941,258	9	1.00
2.00		0.00	0	0	9	2.00
	<b>TOTALS</b>		0	9,941,258		
<b>B - RECLASS MEDICAL SUPPLIES</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	252,448	0	1.00
2.00	PHARMACY	15.00	0	198,470	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	742,964	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	100,079	0	4.00
5.00	SUBPROVIDER - IPF	40.00	0	5,837	0	5.00
6.00	SKILLED NURSING FACILITY	44.00	0	27,217	0	6.00
7.00	OPERATING ROOM	50.00	0	4,323,945	0	7.00
8.00	RECOVERY ROOM	51.00	0	3,234	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	89,495	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41,275	0	10.00
11.00	RADIOISOTOPE	56.00	0	3,290	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	1,787,646	0	12.00
13.00	LABORATORY	60.00	0	23,544	0	13.00
14.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	51,485	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	2,075	0	15.00
16.00	PHYSICAL THERAPY	66.00	0	5,168	0	16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	5,995	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	4,471	0	18.00
19.00	RENAL DIALYSIS	74.00	0	17,695	0	19.00
20.00	ONCOLOGY	76.00	0	45,593	0	20.00
21.00	DIGESTIVE HEALTH	76.01	0	235,989	0	21.00
22.00	OP PSYCH	76.02	0	253	0	22.00
23.00	EMERGENCY	91.00	0	197,049	0	23.00
24.00	AMBULANCE SERVICES	95.00	0	37,065	0	24.00
	<b>TOTALS</b>		0	8,202,282		
<b>C - TO RECLASS LAB ADMIN</b>						
1.00	LABORATORY	60.00	201,520	115,768	0	1.00
	<b>TOTALS</b>		201,520	115,768		
<b>D - TO RECLASS DIRECTOR'S EXPENSE</b>						
1.00	OPERATING ROOM	50.00	57,602	4,407	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	31,287	2,394	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	66,351	5,076	0	3.00
4.00	RESPIRATORY THERAPY	65.00	44,354	3,394	0	4.00
5.00	PHYSICAL THERAPY	66.00	20,565	1,573	0	5.00
6.00	EMERGENCY	91.00	22,964	1,757	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
	<b>TOTALS</b>		243,123	18,601		
<b>E - TO RECLASS HYPERBARIIC OXYGEN EXPENSE</b>						
1.00	OPERATING ROOM	50.00	0	235,845	0	1.00
	<b>TOTALS</b>		0	235,845		
<b>F - TO RECLASS DEPRECIATION DEPT EXPENSE</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	186	0	1.00
2.00	OPERATION OF PLANT	7.00	0	15,882	0	2.00
3.00	HOUSEKEEPING	9.00	0	1,415	0	3.00
4.00	DIETARY	10.00	0	14,435	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	109,761	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	31,056	0	6.00
7.00	PHARMACY	15.00	0	1,623	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	91	0	8.00
9.00	SOCIAL SERVICE	17.00	0	531	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	61,738	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	73,482	0	11.00
12.00	SUBPROVIDER - IPF	40.00	0	133	0	12.00
13.00	SKILLED NURSING FACILITY	44.00	0	4,768	0	13.00
14.00	OPERATING ROOM	50.00	0	152,003	0	14.00
15.00	ANESTHESIOLOGY	53.00	0	71,940	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	384,658	0	16.00
17.00	RADIOISOTOPE	56.00	0	77,400	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	157,394	0	18.00
19.00	LABORATORY	60.00	0	171,047	0	19.00
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,382	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	29,399	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	3,822	0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	266	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	53,855	0	24.00

RECLASSIFICATIONS

Provider CCN: 140002

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

Worksheet A-6

Date/Time Prepared:  
5/23/2014 1:57 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
25.00	ONCOLOGY	76.00	0	1,710	0		25.00
26.00	DIGESTIVE HEALTH	76.01	0	12,340	0		26.00
27.00	OP PSYCH	76.02	0	78	0		27.00
28.00	EMERGENCY	91.00	0	59,124	0		28.00
29.00	AMBULANCE SERVICES	95.00	0	147,369	0		29.00
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,151	0		30.00
31.00	NONPAID WORKERS	193.00	0	76	0		31.00
32.00	PHYSICIAN/PUBLIC RELATIONS	193.01	0	144	0		32.00
	TOTALS		0	1,640,259			
G - TO RECLASS NORTH REGION SPLIT							
1.00	ADMINISTRATIVE & GENERAL	5.00	403,680	281,642	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		403,680	281,642			
H - TO RECLASS MEDICAL IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,087,247	0		1.00
	TOTALS		0	5,087,247			
500.00	Grand Total: Decreases		848,323	25,522,902			500.00

RECLASSIFICATIONS

Provider CCN: 140002

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/23/2014 1:57 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>A - RECLASS DEPRECIATION</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		0.00	0	2.00
	TOTALS		TOTALS		0	
<b>B - RECLASS MEDICAL SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	CENTRAL SERVICES & SUPPLY	14.00	0	1.00
2.00		0.00	PHARMACY	15.00	0	2.00
3.00		0.00	ADULTS & PEDIATRICS	30.00	0	3.00
4.00		0.00	INTENSIVE CARE UNIT	31.00	0	4.00
5.00		0.00	SUBPROVIDER - IPF	40.00	0	5.00
6.00		0.00	SKILLED NURSING FACILITY	44.00	0	6.00
7.00		0.00	OPERATING ROOM	50.00	0	7.00
8.00		0.00	RECOVERY ROOM	51.00	0	8.00
9.00		0.00	ANESTHESIOLOGY	53.00	0	9.00
10.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10.00
11.00		0.00	RADIOISOTOPE	56.00	0	11.00
12.00		0.00	CARDIAC CATHETERIZATION	59.00	0	12.00
13.00		0.00	LABORATORY	60.00	0	13.00
14.00		0.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	14.00
15.00		0.00	RESPIRATORY THERAPY	65.00	0	15.00
16.00		0.00	PHYSICAL THERAPY	66.00	0	16.00
17.00		0.00	OCCUPATIONAL THERAPY	67.00	0	17.00
18.00		0.00	ELECTROCARDIOLOGY	69.00	0	18.00
19.00		0.00	RENAL DIALYSIS	74.00	0	19.00
20.00		0.00	ONCOLOGY	76.00	0	20.00
21.00		0.00	DIGESTIVE HEALTH	76.01	0	21.00
22.00		0.00	OP PSYCH	76.02	0	22.00
23.00		0.00	EMERGENCY	91.00	0	23.00
24.00		0.00	AMBULANCE SERVICES	95.00	0	24.00
	TOTALS		TOTALS		0	
<b>C - TO RECLASS LAB ADMIN</b>						
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	LABORATORY	60.00	201,520	1.00
	TOTALS		TOTALS		201,520	
<b>D - TO RECLASS DIRECTOR'S EXPENSE</b>						
1.00	RECOVERY ROOM	51.00	OPERATING ROOM	50.00	57,602	1.00
2.00	ANESTHESIOLOGY	53.00	RADIOLOGY-DIAGNOSTIC	54.00	31,287	2.00
3.00	RADIOISOTOPE	56.00	CARDIAC CATHETERIZATION	59.00	66,351	3.00
4.00	OCCUPATIONAL THERAPY	67.00	RESPIRATORY THERAPY	65.00	44,354	4.00
5.00	SPEECH PATHOLOGY	68.00	PHYSICAL THERAPY	66.00	20,565	5.00
6.00	ELECTROCARDIOLOGY	69.00	EMERGENCY	91.00	22,964	6.00
7.00	ONCOLOGY	76.00		0.00	0	7.00
8.00	DIGESTIVE HEALTH	76.01		0.00	0	8.00
9.00	AMBULANCE SERVICES	95.00		0.00	0	9.00
	TOTALS		TOTALS		243,123	
<b>E - TO RECLASS HYPERBARIC OXYGEN EXPENSE</b>						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	OPERATING ROOM	50.00	0	1.00
	TOTALS		TOTALS		0	
<b>F - TO RECLASS DEPRECIATION DEPT EXPENSE</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00		0.00	OPERATION OF PLANT	7.00	0	2.00
3.00		0.00	HOUSEKEEPING	9.00	0	3.00
4.00		0.00	DIETARY	10.00	0	4.00
5.00		0.00	NURSING ADMINISTRATION	13.00	0	5.00
6.00		0.00	CENTRAL SERVICES & SUPPLY	14.00	0	6.00
7.00		0.00	PHARMACY	15.00	0	7.00
8.00		0.00	MEDICAL RECORDS & LIBRARY	16.00	0	8.00
9.00		0.00	SOCIAL SERVICE	17.00	0	9.00
10.00		0.00	ADULTS & PEDIATRICS	30.00	0	10.00
11.00		0.00	INTENSIVE CARE UNIT	31.00	0	11.00
12.00		0.00	SUBPROVIDER - IPF	40.00	0	12.00
13.00		0.00	SKILLED NURSING FACILITY	44.00	0	13.00
14.00		0.00	OPERATING ROOM	50.00	0	14.00
15.00		0.00	ANESTHESIOLOGY	53.00	0	15.00
16.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16.00
17.00		0.00	RADIOISOTOPE	56.00	0	17.00
18.00		0.00	CARDIAC CATHETERIZATION	59.00	0	18.00
19.00		0.00	LABORATORY	60.00	0	19.00
20.00		0.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	20.00

RECLASSIFICATIONS

Provider CCN: 140002

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/23/2014 1:57 pm

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
21.00		0.00		0 RESPIRATORY THERAPY	65.00	0	21.00
22.00		0.00		0 PHYSICAL THERAPY	66.00	0	22.00
23.00		0.00		0 OCCUPATIONAL THERAPY	67.00	0	23.00
24.00		0.00		0 ELECTROCARDIOLOGY	69.00	0	24.00
25.00		0.00		0 ONCOLOGY	76.00	0	25.00
26.00		0.00		0 DIAGNOSTIC HEALTH	76.01	0	26.00
27.00		0.00		0 OP PSYCH	76.02	0	27.00
28.00		0.00		0 EMERGENCY	91.00	0	28.00
29.00		0.00		0 AMBULANCE SERVICES	95.00	0	29.00
30.00		0.00		0 GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	30.00
31.00		0.00		0 NONPAID WORKERS	193.00	0	31.00
32.00		0.00		0 PHYSICIAN/PUBLIC RELATIONS	193.01	0	32.00
	TOTALS			TOTALS		0	
G - TO RECLASS NORTH REGION SPLIT							
1.00	ADMINISTRATIVE	4.03	175,284	ADMINISTRATIVE & GENERAL	5.00	403,680	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	228,396		0.00	0	2.00
	TOTALS		403,680	TOTALS		403,680	
H - TO RECLASS MEDICAL IMPLANTS							
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1.00
	TOTALS			TOTALS		0	
500.00	Grand Total: Increases		848,323	Grand Total: Decreases		848,323	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140002

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/23/2014 1:57 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	177,168	0	0	0	1.00
2.00	Land Improvements	4,528,230	1,351,081	0	1,351,081	2.00
3.00	Buildings and Fixtures	62,871,636	1,280,427	0	1,280,427	3.00
4.00	Building Improvements	15,743,510	914,674	0	914,674	4.00
5.00	Fixed Equipment	29,629,304	3,735,650	0	3,735,650	5.00
6.00	Movable Equipment	39,024,221	7,951,389	0	7,951,389	6.00
7.00	HIT designated Assets	0	2,543,268	0	2,543,268	7.00
8.00	Subtotal (sum of lines 1-7)	151,974,069	17,776,489	0	17,776,489	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	151,974,069	17,776,489	0	17,776,489	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	177,168	0			1.00
2.00	Land Improvements	5,879,311	0			2.00
3.00	Buildings and Fixtures	64,152,063	0			3.00
4.00	Building Improvements	16,658,184	0			4.00
5.00	Fixed Equipment	33,364,954	0			5.00
6.00	Movable Equipment	46,957,578	0			6.00
7.00	HIT designated Assets	2,543,268	0			7.00
8.00	Subtotal (sum of lines 1-7)	169,732,526	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	169,732,526	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140002

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/23/2014 1:57 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140002

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	120,231,680	0	120,231,680	0.708360	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	49,500,846	0	49,500,846	0.291640	0	2.00
3.00	Total (sum of lines 1-2)	169,732,526	0	169,732,526	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,173,153	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,768,105	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,941,258	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,173,153	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,768,105	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	9,941,258	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140002

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

Worksheet A-8

Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00		0	7.00
8.00 Television and radio service (chapter 21)	A	-578	OPERATION OF PLANT	7.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,492,807				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	10,159,801				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-875,139	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		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0	0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140002

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

Worksheet A-8

Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.00 ASSOCIATION DUES	A	-33,375	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01 ESH DIETARY COST	A	390,254	DIETARY	10.00	0	33.01
33.02 ELIMINATE FINANCING COSTS	A	-25,792	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 NON OP ASSETS REL FROM RESTRICTED	B	-156,583	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 NON OPERATING DONATIONS	B	-32,163	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05 OTHER NON OPERATING REVENUE	B	-95,861	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06 MALPRACTICE EXPENSE	A	-479,000	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07 OTHER REVENUE - EMPLOYEE BENEFITS	B	-22,560	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.07
33.08 OTHER REVENUE -A&G	B	-752,594	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09 OTHER REVENUE - PLANT OPERATIONS	B	-39,316	OPERATION OF PLANT	7.00	0	33.09
33.10 OTHER REVENUE - NURSING ADMIN	B	-2,698	NURSING ADMINISTRATION	13.00	0	33.10
33.11 OTHER REVENUE - CENTRAL SUPPLY	B	-50	CENTRAL SERVICES & SUPPLY	14.00	0	33.11
33.12 OTHER REVENUE - PHARMACY	B	-410	PHARMACY	15.00	0	33.12
33.13 OTHER REVENUE - MEDICAL RECORDS	B	-96,492	MEDICAL RECORDS & LIBRARY	16.00	0	33.13
33.14 OTHER REVENUE - ADULTS & PEDS	B	-8,321	ADULTS & PEDIATRICS	30.00	0	33.14
33.15 OTHER REVENUE - SURGERY	B	-140	OPERATING ROOM	50.00	0	33.15
33.16 OTHER REVENUE - ANESTHESIA	B	-22	ANESTHESIOLOGY	53.00	0	33.16
33.17 OTHER REVENUE - RADIOLOGY	B	-4,395	RADIOLOGY-DIAGNOSTIC	54.00	0	33.17
33.18 OTHER REVENUE - LAB	B	-3,578	LABORATORY	60.00	0	33.18
33.19 OTHER REVENUE - BLOOD BANK	B	-100	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33.19
33.20 OTHER REVENUE - RESPIRATORY THERAPY	B	-1,005	RESPIRATORY THERAPY	65.00	0	33.20
33.21 OTHER REVENUE - P. T.	B	-3,178	PHYSICAL THERAPY	66.00	0	33.21
33.22 OTHER REVENUE - O. T.	B	-392	OCCUPATIONAL THERAPY	67.00	0	33.22
33.23 OTHER REVENUE - SPEECH	B	-27	SPEECH PATHOLOGY	68.00	0	33.23
33.24 OTHER REVENUE - EKG	B	-24,670	ELECTROCARDIOLOGY	69.00	0	33.24
33.25 OTHER REVENUE - DIGESTIVE HEALTH	B	-88	DIGESTIVE HEALTH	76.01	0	33.25
33.26 OTHER REVENUE - OP PSYCH	B	-1,168	OP PSYCH	76.02	0	33.26
33.27 OTHER REVENUE - ER	B	-505	EMERGENCY	91.00	0	33.27
33.28 COUNTRY CLUB DUES	A	-837	ADMINISTRATIVE & GENERAL	5.00	0	33.28
33.29 RCE DISALLOWANCE	A	-29,574	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30 PENSION EXPENSE	A	-647	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.30
33.31 DISALLOWED INTEREST EXPENSE	A	-812,335	ADMINISTRATIVE & GENERAL	5.00	0	33.31
33.32 ENTERTAINMENT	A	-146	ADULTS & PEDIATRICS	30.00	0	33.32
33.33 NON ALLOWED EMPLOYEE ACTIVITIES	A	-2,769	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.33
33.34 ASBESTOS ABATEMENT	A	2,683	ADMINISTRATIVE & GENERAL	5.00	0	33.34
33.35 ALCOHOLIC BEVERAGES	A	-144	ADMINISTRATIVE & GENERAL	5.00	0	33.35
34.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.00
35.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	35.00
36.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	36.00
37.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	37.00
38.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	38.00
39.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	39.00
40.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	40.00
41.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	41.00
42.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	42.00
43.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	43.00
44.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	44.00
45.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		2,553,279				50.00

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

Provider CCN: 140002

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

Worksheet A-8-1

Date/Time Prepared:  
5/23/2014 1:57 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	BJC HEALTH SYSTEM	10,168,168	0
2.00	5.00	ADMINISTRATIVE & GENERAL	CHRISTIAN HEALTH SERVICES	-3,081	0
3.00	5.00	ADMINISTRATIVE & GENERAL	TELEPHONE FACILITIES CORP	63,336	68,995
4.00	60.00	LABORATORY	BARNES JEWISH LAB	38,244	25,997
4.01	60.00	LABORATORY	CHILDREN'S HOSPITAL LAB	3,943	7,567
4.02	50.00	OPERATING ROOM	MIDWEST STONE	13,960	22,210
5.00	0		0	10,284,570	124,769

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

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

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

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

6.00	G	BJC HEALTHCARE	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:	HOME OFFICE		0.00	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.

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

Provider CCN: 140002

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

Worksheet A-8-1

Date/Time Prepared:  
5/23/2014 1:57 pm

	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	10,168,168	0		1.00
2.00	-3,081	0		2.00
3.00	-5,659	0		3.00
4.00	12,247	0		4.00
4.01	-3,624	0		4.01
4.02	-8,250	0		4.02
5.00	10,159,801			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: 140002

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

Worksheet A-8-2

Date/Time Prepared:  
5/23/2014 1:57 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	157,310	134,310	23,000	177,200	98	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	933,676	933,676	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	242,330	225,330	17,000	177,200	93	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	64,000	54,000	10,000	154,100	88	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	194,730	194,730	0	0	0	5.00
6.00	53.00	DR. A	30,000	0	30,000	200,300	133	6.00
7.00	60.00	AGGREGATE-LABORATORY	137,500	0	137,500	215,700	1,326	7.00
8.00	60.00	DR. B	22,812	0	22,812	215,700	273	8.00
9.00	66.00	DR. C	20,640	0	20,640	177,200	23	9.00
10.00	59.00	DR. D	38,700	0	38,700	177,200	179	10.00
11.00	69.00	DR. E	38,700	0	38,700	177,200	300	11.00
12.00	69.00	DR. F	7,200	0	7,200	177,200	38	12.00
13.00	76.00	AGGREGATE-ONCOLOGY	1,401,000	1,401,000	0	0	0	13.00
14.00	91.00	AGGREGATE-EMERGENCY	1,446,124	1,446,124	0	0	0	14.00
200.00			4,734,722	4,389,170	345,552		2,551	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	8,349	417	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	7,923	396	0	0	0	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	6,520	326	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	DR. A	12,808	640	0	0	0	6.00
7.00	60.00	AGGREGATE-LABORATORY	137,509	6,875	0	0	0	7.00
8.00	60.00	DR. B	28,311	1,416	0	0	0	8.00
9.00	66.00	DR. C	1,959	98	0	0	0	9.00
10.00	59.00	DR. D	15,249	762	0	0	0	10.00
11.00	69.00	DR. E	25,558	1,278	0	0	0	11.00
12.00	69.00	DR. F	3,237	162	0	0	0	12.00
13.00	76.00	AGGREGATE-ONCOLOGY	0	0	0	0	0	13.00
14.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	14.00
200.00			247,423	12,370	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	8,349	14,651	148,961	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	933,676	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	7,923	9,077	234,407	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	6,520	3,480	57,480	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	194,730	5.00
6.00	53.00	DR. A	0	12,808	17,192	17,192	6.00
7.00	60.00	AGGREGATE-LABORATORY	0	137,509	0	0	7.00
8.00	60.00	DR. B	0	28,311	0	0	8.00
9.00	66.00	DR. C	0	1,959	18,681	18,681	9.00
10.00	59.00	DR. D	0	15,249	23,451	23,451	10.00
11.00	69.00	DR. E	0	25,558	13,142	13,142	11.00
12.00	69.00	DR. F	0	3,237	3,963	3,963	12.00
13.00	76.00	AGGREGATE-ONCOLOGY	0	0	0	1,401,000	13.00
14.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,446,124	14.00
200.00			0	247,423	103,637	4,492,807	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140002

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4.03	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	5,173,153	5,173,153			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	4,768,105		4,768,105		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,179,044	28,177	186	1,207,407	4.00
4.03 00401	ADMITTING	1,122,276	62,184	0	24,987	4.03
5.00 00500	ADMINISTRATIVE & GENERAL	19,000,905	291,461	3,131,399	78,896	5.00
7.00 00700	OPERATION OF PLANT	2,901,629	2,012,555	15,878	25,052	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	396,337	12,600	0	0	8.00
9.00 00900	HOUSEKEEPING	1,358,166	29,792	1,415	26,763	9.00
10.00 01000	DIETARY	1,752,858	123,647	14,432	0	10.00
11.00 01100	CAFETERIA	42,506	55,552	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	971,927	5,670	106,576	23,075	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	234,487	51,039	31,048	6,605	14.00
15.00 01500	PHARMACY	13,173,682	31,728	1,623	50,007	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,438,579	60,833	91	32,250	16.00
17.00 01700	SOCIAL SERVICE	951,831	6,002	531	18,216	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	11,167,817	628,521	61,723	265,903	30.00
31.00 03100	INTENSIVE CARE UNIT	2,494,155	62,860	73,464	58,379	31.00
40.00 04000	SUBPROVIDER - IPF	1,472,865	84,165	133	36,378	40.00
44.00 04400	SKILLED NURSING FACILITY	1,640,135	44,282	4,767	38,073	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	3,832,076	237,157	151,966	58,585	50.00
51.00 05100	RECOVERY ROOM	503,751	38,726	0	11,651	51.00
53.00 05300	ANESTHESIOLOGY	248,616	2,795	71,923	1,490	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,854,422	186,645	384,565	71,427	54.00
56.00 05600	RADIOISOTOPE	474,076	11,466	77,381	6,435	56.00
59.00 05900	CARDIAC CATHETERIZATION	917,841	20,171	157,356	16,836	59.00
60.00 06000	LABORATORY	3,018,530	164,721	171,006	36,793	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,449,478	4,169	1,382	13,641	63.00
65.00 06500	RESPIRATORY THERAPY	1,017,391	17,662	29,392	20,502	65.00
66.00 06600	PHYSICAL THERAPY	1,349,319	62,138	3,821	31,507	66.00
67.00 06700	OCCUPATIONAL THERAPY	255,443	16,734	266	6,712	67.00
68.00 06800	SPEECH PATHOLOGY	192,020	5,727	0	4,829	68.00
69.00 06900	ELECTROCARDIOLOGY	1,280,408	57,866	53,842	27,546	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,115,035	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	5,087,247	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	384,278	3,207	0	0	74.00
76.00 03020	ONCOLOGY	1,131,744	20,354	1,710	25,371	76.00
76.01 03021	DIAGNOSTIC HEALTH	824,578	39,196	12,337	18,209	76.01
76.02 03550	OP PSYCH	508,289	44,465	78	0	76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	235,845	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	3,889,640	190,436	59,110	89,031	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	2,671,424	11,179	147,333	54,399	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	107,481,908	4,725,882	4,766,734	1,179,548	1,209,447
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,217	11,866	1,151	565	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	13,092	0	0	0	192.00
192.01 19201	TWIN RIVERS MRI	0	0	0	0	192.01
193.00 19300	NONPAID WORKERS	27,104	18,281	76	309	193.00
193.01 19301	PHYSICIAN/PUBLIC RELATIONS	1,088,663	11,924	144	6,205	193.01
193.02 19302	MEDICAL OFFICE BUILDING	541,474	0	0	4,440	193.02
193.03 19303	HOME CARE PHARMACY	3,019,536	5,509	0	11,207	193.03
193.04 19304	MANAGEMENT SERVICES	188,479	0	0	3,442	193.04
193.05 19305	EUNICE SMITH NURSING HOME	0	0	0	0	193.05
193.06 19306	VACANT SPACE	0	399,691	0	0	193.06
193.07 19307	POB 2	430,718	0	0	1,691	193.07
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	112,815,191	5,173,153	4,768,105	1,207,407	1,209,447

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140002

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A. 03	5.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.03	00401	ADMINISTRATIVE					4.03
5.00	00500	ADMINISTRATIVE & GENERAL	22,502,661	22,502,661			5.00
7.00	00700	OPERATION OF PLANT	4,955,114	1,234,636	6,189,750		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	408,937	101,892	28,066	538,895	8.00
9.00	00900	HOUSEKEEPING	1,416,136	352,850	66,362	0	1,835,348
10.00	01000	DIETARY	1,890,937	471,153	275,425	0	82,933
11.00	01100	CAFETERIA	98,058	24,433	123,743	0	37,260
13.00	01300	NURSING ADMINISTRATION	1,107,248	275,886	12,629	0	3,803
14.00	01400	CENTRAL SERVICES & SUPPLY	323,179	80,525	113,691	1,912	34,233
15.00	01500	PHARMACY	13,257,040	3,303,209	70,674	3	21,281
16.00	01600	MEDICAL RECORDS & LIBRARY	1,531,753	381,658	135,505	0	40,802
17.00	01700	SOCIAL SERVICE	976,580	243,329	13,369	0	4,026
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	12,223,710	3,045,708	1,400,036	246,757	421,561
31.00	03100	INTENSIVE CARE UNIT	2,709,775	675,178	140,021	30,885	42,162
40.00	04000	SUBPROVIDER - I/PF	1,602,223	399,216	187,478	9,762	56,451
44.00	04400	SKILLED NURSING FACILITY	1,735,637	432,458	98,638	27,789	29,701
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,323,584	1,077,281	528,270	32,154	159,066
51.00	05100	RECOVERY ROOM	564,688	140,700	86,263	7,943	25,975
53.00	05300	ANESTHESIOLOGY	342,491	85,336	6,225	0	1,875
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,687,382	1,167,927	415,753	38,992	125,186
56.00	05600	RADIOISOTOPE	580,854	144,728	25,540	2,766	7,690
59.00	05900	CARDIAC CATHETERIZATION	1,134,354	282,640	44,930	2,899	13,529
60.00	06000	LABORATORY	3,543,823	882,993	366,919	0	110,482
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,487,316	370,586	9,287	0	2,796
65.00	06500	RESPIRATORY THERAPY	1,103,751	275,015	39,343	2,417	11,846
66.00	06600	PHYSICAL THERAPY	1,472,323	366,850	138,414	7,778	41,678
67.00	06700	OCCUPATIONAL THERAPY	285,202	71,062	37,276	0	11,224
68.00	06800	SPEECH PATHOLOGY	205,150	51,116	12,757	0	3,841
69.00	06900	ELECTROCARDIOLOGY	1,472,899	366,993	128,897	7,068	38,812
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,163,685	788,276	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,137,598	1,280,104	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	205,246	51,140	0	0	0
74.00	07400	RENAL DIALYSIS	391,377	97,517	7,144	0	2,151
76.00	03020	ONCOLOGY	1,186,368	295,600	45,339	0	13,652
76.01	03021	DIGESTIVE HEALTH	921,112	229,508	87,309	21,192	26,289
76.02	03550	OP PSYCH	561,221	139,836	99,046	10	29,823
76.98	07698	HYPERBARIC OXYGEN THERAPY	239,906	59,776	0	6,719	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	4,334,916	1,080,105	424,198	67,557	127,729
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	2,921,173	727,851	24,902	23,368	7,498
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	107,005,407	21,055,071	5,193,449	537,971	1,535,355
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,799	9,418	26,433	0	7,959
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,092	3,262	0	0	0
192.01	19201	TWIN RIVERS MRI	0	0	0	924	0
193.00	19300	NONPAID WORKERS	45,770	11,404	40,721	0	12,261
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	1,106,936	275,809	26,560	0	7,997
193.02	19302	MEDICAL OFFICE BUILDING	545,914	136,022	0	0	0
193.03	19303	HOME CARE PHARMACY	3,036,252	756,525	12,272	0	3,695
193.04	19304	MANAGEMENT SERVICES	191,921	47,820	0	0	0
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0
193.06	19306	VACANT SPACE	399,691	99,589	890,315	0	268,081
193.07	19307	POB 2	432,409	107,741	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	112,815,191	22,502,661	6,189,750	538,895	1,835,348

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140002

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.03	00401						4.03
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	2,720,448					10.00
11.00	01100	1,378,418	1,661,912				11.00
13.00	01300	0	23,804	1,423,370			13.00
14.00	01400	0	15,101	0	568,641		14.00
15.00	01500	0	52,478	0	0	16,704,685	15.00
16.00	01600	0	46,184	0	0	0	16.00
17.00	01700	0	23,519	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	547,756	373,692	858,070	0	0	30.00
31.00	03100	73,480	74,288	171,702	0	0	31.00
40.00	04000	74,740	51,753	119,607	0	0	40.00
44.00	04400	117,046	56,493	130,599	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	77,888	0	0	0	50.00
51.00	05100	0	11,915	0	0	0	51.00
53.00	05300	0	3,082	0	0	0	53.00
54.00	05400	0	105,318	0	0	0	54.00
56.00	05600	0	8,107	0	0	0	56.00
59.00	05900	0	20,644	0	0	0	59.00
60.00	06000	0	71,801	0	0	0	60.00
63.00	06300	0	26,135	0	0	0	63.00
65.00	06500	0	32,430	0	0	0	65.00
66.00	06600	0	41,055	0	0	0	66.00
67.00	06700	0	9,480	0	0	0	67.00
68.00	06800	0	4,585	0	0	0	68.00
69.00	06900	0	38,879	0	0	0	69.00
71.00	07100	0	0	0	196,067	0	71.00
72.00	07200	0	0	0	372,574	0	72.00
73.00	07300	0	0	0	0	16,704,685	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	41,728	95,116	0	0	76.00
76.01	03021	0	21,602	48,276	0	0	76.01
76.02	03550	0	0	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	0	123,061	0	0	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	115,550	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		2,191,440	1,470,572	1,423,370	568,641	16,704,685	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	16,567	1,476	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	958	0	0	0	193.00
193.01	19301	0	7,719	0	0	0	193.01
193.02	19302	0	11,863	0	0	0	193.02
193.03	19303	0	15,982	0	0	0	193.03
193.04	19304	0	0	0	0	0	193.04
193.05	19305	512,441	146,866	0	0	0	193.05
193.06	19306	0	0	0	0	0	193.06
193.07	19307	0	6,476	0	0	0	193.07
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,720,448	1,661,912	1,423,370	568,641	16,704,685	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140002

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.03	00401	ADMINISTRATIVE					4.03
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
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,135,902				16.00
17.00	01700	SOCIAL SERVICE	0	1,260,823			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	176,191	867,463	20,160,944	0	20,160,944
31.00	03100	INTENSIVE CARE UNIT	36,949	108,959	4,063,399	0	4,063,399
40.00	04000	SUBPROVIDER - IPF	15,336	110,832	2,627,398	0	2,627,398
44.00	04400	SKILLED NURSING FACILITY	14,803	173,569	2,816,733	0	2,816,733
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	77,368	0	6,275,611	0	6,275,611
51.00	05100	RECOVERY ROOM	18,653	0	856,137	0	856,137
53.00	05300	ANESTHESIOLOGY	31,207	0	470,216	0	470,216
54.00	05400	RADIOLOGY-DIAGNOSTIC	336,187	0	6,876,745	0	6,876,745
56.00	05600	RADIOISOTOPE	20,307	0	789,992	0	789,992
59.00	05900	CARDIAC CATHETERIZATION	39,125	0	1,538,121	0	1,538,121
60.00	06000	LABORATORY	269,859	0	5,245,877	0	5,245,877
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32,936	0	1,929,056	0	1,929,056
65.00	06500	RESPIRATORY THERAPY	33,216	0	1,498,018	0	1,498,018
66.00	06600	PHYSICAL THERAPY	45,110	0	2,113,208	0	2,113,208
67.00	06700	OCCUPATIONAL THERAPY	10,682	0	424,926	0	424,926
68.00	06800	SPEECH PATHOLOGY	4,547	0	281,996	0	281,996
69.00	06900	ELECTROCARDIOLOGY	94,038	0	2,147,586	0	2,147,586
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	85,936	0	4,233,964	0	4,233,964
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	88,939	0	6,879,215	0	6,879,215
73.00	07300	DRUGS CHARGED TO PATIENTS	362,077	0	17,323,148	0	17,323,148
74.00	07400	RENAL DIALYSIS	6,875	0	505,064	0	505,064
76.00	03020	ONCOLOGY	12,699	0	1,690,502	0	1,690,502
76.01	03021	DIGESTIVE HEALTH	47,325	0	1,402,613	0	1,402,613
76.02	03550	OP PSYCH	14,818	0	844,754	0	844,754
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,173	0	313,574	0	313,574
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	188,474	0	6,346,040	0	6,346,040
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	65,072	0	3,885,414	0	3,885,414
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,135,902	1,260,823	103,540,251	0	103,540,251
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	99,652	0	99,652
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	16,354	0	16,354
192.01	19201	TWIN RIVERS MRI	0	0	924	0	924
193.00	19300	NONPAID WORKERS	0	0	111,114	0	111,114
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	0	1,425,021	0	1,425,021
193.02	19302	MEDICAL OFFICE BUILDING	0	0	693,799	0	693,799
193.03	19303	HOME CARE PHARMACY	0	0	3,824,726	0	3,824,726
193.04	19304	MANAGEMENT SERVICES	0	0	239,741	0	239,741
193.05	19305	EUNICE SMITH NURSING HOME	0	0	659,307	0	659,307
193.06	19306	VACANT SPACE	0	0	1,657,676	0	1,657,676
193.07	19307	POB 2	0	0	546,626	0	546,626
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,135,902	1,260,823	112,815,191	0	112,815,191

COST ALLOCATION STATISTICS

Provider CCN: 140002

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS SALARIES	4.00
4.03	ADMINISTRATIVE	7	GROSS REVENUE	4.03
5.00	ADMINISTRATIVE & GENERAL	-21	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	14	MEALS SERVED	10.00
11.00	CAFETERIA	15	FTE'S	11.00
13.00	NURSING ADMINISTRATION	16	HOURS OF SERVICE	13.00
14.00	CENTRAL SERVICES & SUPPLY	17	COSTED REQUISITIONS	14.00
15.00	PHARMACY	18	COSTED REQUISITIONS	15.00
16.00	MEDICAL RECORDS & LIBRARY	7	GROSS REVENUE	16.00
17.00	SOCIAL SERVICE	20	PATIENT DAYS	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140002

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,115	28,177	186	35,478	35,478 4.00
4.03 00401	ADMINISTRATIVE	9,519	62,184	0	71,703	734 4.03
5.00 00500	ADMINISTRATIVE & GENERAL	634,698	291,461	3,131,399	4,057,558	2,317 5.00
7.00 00700	OPERATION OF PLANT	4,290	2,012,555	15,878	2,032,723	736 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	12,600	0	12,600	0 8.00
9.00 00900	HOUSEKEEPING	457	29,792	1,415	31,664	786 9.00
10.00 01000	DIETARY	10,961	123,647	14,432	149,040	0 10.00
11.00 01100	CAFETERIA	0	55,552	0	55,552	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	5,670	106,576	112,246	678 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	439	51,039	31,048	82,526	194 14.00
15.00 01500	PHARMACY	223,025	31,728	1,623	256,376	1,469 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,521	60,833	91	68,445	947 16.00
17.00 01700	SOCIAL SERVICE	4,414	6,002	531	10,947	535 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	471,121	628,521	61,723	1,161,365	7,825 30.00
31.00 03100	INTENSIVE CARE UNIT	5,009	62,860	73,464	141,333	1,715 31.00
40.00 04000	SUBPROVIDER - IPF	2,849	84,165	133	87,147	1,068 40.00
44.00 04400	SKILLED NURSING FACILITY	7,209	44,282	4,767	56,258	1,118 44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	19,350	237,157	151,966	408,473	1,721 50.00
51.00 05100	RECOVERY ROOM	402	38,726	0	39,128	342 51.00
53.00 05300	ANESTHESIOLOGY	0	2,795	71,923	74,718	44 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,860	186,645	384,565	579,070	2,098 54.00
56.00 05600	RADIOISOTOPE	0	11,466	77,381	88,847	189 56.00
59.00 05900	CARDIAC CATHETERIZATION	0	20,171	157,356	177,527	494 59.00
60.00 06000	LABORATORY	15,358	164,721	171,006	351,085	1,081 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	4,169	1,382	5,551	401 63.00
65.00 06500	RESPIRATORY THERAPY	11,202	17,662	29,392	58,256	602 65.00
66.00 06600	PHYSICAL THERAPY	3,947	62,138	3,821	69,906	925 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	16,734	266	17,000	197 67.00
68.00 06800	SPEECH PATHOLOGY	0	5,727	0	5,727	142 68.00
69.00 06900	ELECTROCARDIOLOGY	2,317	57,866	53,842	114,025	809 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	3,207	0	3,207	0 74.00
76.00 03020	ONCOLOGY	8,256	20,354	1,710	30,320	745 76.00
76.01 03021	DIGESTIVE HEALTH	9,015	39,196	12,337	60,548	535 76.01
76.02 03550	OP PSYCH	3,117	44,465	78	47,660	0 76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	9,057	190,436	59,110	258,603	2,615 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	809	11,179	147,333	159,321	1,598 95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,479,317	4,725,882	4,766,734	10,971,933	34,660 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,866	1,151	13,017	17 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	TWIN RIVERS MRI	0	0	0	0	0 192.01
193.00 19300	NONPAID WORKERS	0	18,281	76	18,357	9 193.00
193.01 19301	PHYSICIAN/PUBLIC RELATIONS	0	11,924	144	12,068	182 193.01
193.02 19302	MEDICAL OFFICE BUILDING	0	0	0	0	130 193.02
193.03 19303	HOME CARE PHARMACY	650	5,509	0	6,159	329 193.03
193.04 19304	MANAGEMENT SERVICES	0	0	0	0	101 193.04
193.05 19305	EUNICE SMITH NURSING HOME	0	0	0	0	0 193.05
193.06 19306	VACANT SPACE	0	399,691	0	399,691	0 193.06
193.07 19307	POB 2	0	0	0	0	50 193.07
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	1,479,967	5,173,153	4,768,105	11,421,225	35,478 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140002		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/23/2014 1:57 pm	
Cost Center Description		ADMINISTRATIVE	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4.03	5.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.03	00401	ADMINISTRATIVE	72,437				4.03
5.00	00500	ADMINISTRATIVE & GENERAL	0	4,059,875			5.00
7.00	00700	OPERATION OF PLANT	0	222,752	2,256,211		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	18,383	10,230	41,213	8.00
9.00	00900	HOUSEKEEPING	0	63,661	24,190	0	120,301
10.00	01000	DIETARY	0	85,005	100,394	0	5,436
11.00	01100	CAFETERIA	0	4,408	45,105	0	2,442
13.00	01300	NURSING ADMINISTRATION	0	49,775	4,604	0	249
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,528	41,441	146	2,244
15.00	01500	PHARMACY	0	595,921	25,761	0	1,395
16.00	01600	MEDICAL RECORDS & LIBRARY	0	68,858	49,393	0	2,674
17.00	01700	SOCIAL SERVICE	0	43,901	4,873	0	264
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	5,962	549,505	510,326	18,870	27,631
31.00	03100	INTENSIVE CARE UNIT	1,250	121,815	51,039	2,362	2,764
40.00	04000	SUBPROVIDER - IPF	519	72,026	68,337	747	3,700
44.00	04400	SKILLED NURSING FACILITY	501	78,024	35,954	2,125	1,947
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,618	194,362	192,558	2,459	10,426
51.00	05100	RECOVERY ROOM	631	25,385	31,444	607	1,703
53.00	05300	ANESTHESIOLOGY	1,056	15,396	2,269	0	123
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,376	210,717	151,545	2,982	8,206
56.00	05600	RADIOISOTOPE	687	26,112	9,309	212	504
59.00	05900	CARDIAC CATHETERIZATION	1,324	50,994	16,377	222	887
60.00	06000	LABORATORY	9,132	159,309	133,745	0	7,242
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,115	66,861	3,385	0	183
65.00	06500	RESPIRATORY THERAPY	1,124	49,618	14,341	185	776
66.00	06600	PHYSICAL THERAPY	1,526	66,187	50,453	595	2,732
67.00	06700	OCCUPATIONAL THERAPY	361	12,821	13,587	0	736
68.00	06800	SPEECH PATHOLOGY	154	9,222	4,650	0	252
69.00	06900	ELECTROCARDIOLOGY	3,182	66,213	46,984	540	2,544
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,908	142,220	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,010	230,956	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,413	9,227	0	0	0
74.00	07400	RENAL DIALYSIS	233	17,594	2,604	0	141
76.00	03020	ONCOLOGY	430	53,332	16,526	0	895
76.01	03021	DIGESTIVE HEALTH	1,601	41,408	31,825	1,621	1,723
76.02	03550	OP PSYCH	501	25,229	36,103	1	1,955
76.98	07698	HYPERBARIC OXYGEN THERAPY	243	10,785	0	514	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	6,378	194,872	154,623	5,167	8,372
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	2,202	131,318	9,077	1,787	491
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	72,437	3,798,700	1,893,052	41,142	100,637
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,699	9,635	0	522
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	589	0	0	0
192.01	19201	TWIN RIVERS MRI	0	0	0	71	0
193.00	19300	NONPAID WORKERS	0	2,058	14,843	0	804
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	49,761	9,681	0	524
193.02	19302	MEDICAL OFFICE BUILDING	0	24,541	0	0	0
193.03	19303	HOME CARE PHARMACY	0	136,492	4,473	0	242
193.04	19304	MANAGEMENT SERVICES	0	8,628	0	0	0
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0
193.06	19306	VACANT SPACE	0	17,968	324,527	0	17,572
193.07	19307	POB 2	0	19,439	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	72,437	4,059,875	2,256,211	41,213	120,301

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140002

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.03	00401						4.03
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	339,875					10.00
11.00	01100	172,210	279,717				11.00
13.00	01300	0	4,006	171,558			13.00
14.00	01400	0	2,542	0	143,621		14.00
15.00	01500	0	8,833	0	0	889,755	15.00
16.00	01600	0	7,773	0	0	0	16.00
17.00	01700	0	3,959	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	68,433	62,895	103,423	0	0	30.00
31.00	03100	9,180	12,503	20,695	0	0	31.00
40.00	04000	9,338	8,711	14,416	0	0	40.00
44.00	04400	14,623	9,508	15,741	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	13,109	0	0	0	50.00
51.00	05100	0	2,005	0	0	0	51.00
53.00	05300	0	519	0	0	0	53.00
54.00	05400	0	17,726	0	0	0	54.00
56.00	05600	0	1,365	0	0	0	56.00
59.00	05900	0	3,475	0	0	0	59.00
60.00	06000	0	12,085	0	0	0	60.00
63.00	06300	0	4,399	0	0	0	63.00
65.00	06500	0	5,458	0	0	0	65.00
66.00	06600	0	6,910	0	0	0	66.00
67.00	06700	0	1,596	0	0	0	67.00
68.00	06800	0	772	0	0	0	68.00
69.00	06900	0	6,544	0	0	0	69.00
71.00	07100	0	0	0	49,521	0	71.00
72.00	07200	0	0	0	94,100	0	72.00
73.00	07300	0	0	0	0	889,755	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	7,023	11,464	0	0	76.00
76.01	03021	0	3,636	5,819	0	0	76.01
76.02	03550	0	0	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	0	20,713	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	19,448	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		273,784	247,513	171,558	143,621	889,755	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	2,070	248	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	161	0	0	0	193.00
193.01	19301	0	1,299	0	0	0	193.01
193.02	19302	0	1,997	0	0	0	193.02
193.03	19303	0	2,690	0	0	0	193.03
193.04	19304	0	0	0	0	0	193.04
193.05	19305	64,021	24,719	0	0	0	193.05
193.06	19306	0	0	0	0	0	193.06
193.07	19307	0	1,090	0	0	0	193.07
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		339,875	279,717	171,558	143,621	889,755	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140002

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.03	00401	ADMITTING					4.03
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
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	198,090				16.00
17.00	01700	SOCIAL SERVICE	0	64,479			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	16,344	44,363	2,576,942	0	2,576,942
31.00	03100	INTENSIVE CARE UNIT	3,428	5,572	373,656	0	373,656
40.00	04000	SUBPROVIDER - IPF	1,423	5,668	273,100	0	273,100
44.00	04400	SKILLED NURSING FACILITY	1,373	8,876	226,048	0	226,048
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,177	0	832,903	0	832,903
51.00	05100	RECOVERY ROOM	1,730	0	102,975	0	102,975
53.00	05300	ANESTHESIOLOGY	2,895	0	97,020	0	97,020
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,186	0	1,014,906	0	1,014,906
56.00	05600	RADIOISOTOPE	1,884	0	129,109	0	129,109
59.00	05900	CARDIAC CATHETERIZATION	3,629	0	254,929	0	254,929
60.00	06000	LABORATORY	25,034	0	698,713	0	698,713
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,055	0	84,950	0	84,950
65.00	06500	RESPIRATORY THERAPY	3,081	0	133,441	0	133,441
66.00	06600	PHYSICAL THERAPY	4,185	0	203,419	0	203,419
67.00	06700	OCCUPATIONAL THERAPY	991	0	47,289	0	47,289
68.00	06800	SPEECH PATHOLOGY	422	0	21,341	0	21,341
69.00	06900	ELECTROCARDIOLOGY	8,723	0	249,564	0	249,564
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,972	0	202,621	0	202,621
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,250	0	336,316	0	336,316
73.00	07300	DRUGS CHARGED TO PATIENTS	33,542	0	944,937	0	944,937
74.00	07400	RENAL DIALYSIS	638	0	24,417	0	24,417
76.00	03020	ONCOLOGY	1,178	0	121,913	0	121,913
76.01	03021	DIGESTIVE HEALTH	4,390	0	153,106	0	153,106
76.02	03550	OP PSYCH	1,375	0	112,824	0	112,824
76.98	07698	HYPERBARIC OXYGEN THERAPY	665	0	12,207	0	12,207
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	17,484	0	668,827	0	668,827
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	6,036	0	331,278	0	331,278
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	198,090	64,479	10,228,751	0	10,228,751
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	27,208	0	27,208
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	589	0	589
192.01	19201	TWIN RIVERS MRI	0	0	71	0	71
193.00	19300	NONPAID WORKERS	0	0	36,232	0	36,232
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	0	73,515	0	73,515
193.02	19302	MEDICAL OFFICE BUILDING	0	0	26,668	0	26,668
193.03	19303	HOME CARE PHARMACY	0	0	150,385	0	150,385
193.04	19304	MANAGEMENT SERVICES	0	0	8,729	0	8,729
193.05	19305	EUNICE SMITH NURSING HOME	0	0	88,740	0	88,740
193.06	19306	VACANT SPACE	0	0	759,758	0	759,758
193.07	19307	POB 2	0	0	20,579	0	20,579
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	198,090	64,479	11,421,225	0	11,421,225

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1

Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	451,642				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		4,769,260			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,460	186	38,132,328		4.00
4.03 00401	ADMITTING	5,429	0	789,141	415,405,339	4.03
5.00 00500	ADMINISTRATIVE & GENERAL	25,446	3,132,160	2,491,663	0	-22,502,661 5.00
7.00 00700	OPERATION OF PLANT	175,706	15,882	791,167	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,100	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	2,601	1,415	845,209	0	0 9.00
10.00 01000	DIETARY	10,795	14,435	0	0	0 10.00
11.00 01100	CAFETERIA	4,850	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	495	106,602	728,758	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,456	31,056	208,585	0	0 14.00
15.00 01500	PHARMACY	2,770	1,623	1,579,313	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,311	91	1,018,518	0	0 16.00
17.00 01700	SOCIAL SERVICE	524	531	575,304	0	0 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	54,873	61,738	8,398,144	34,265,128	0 30.00
31.00 03100	INTENSIVE CARE UNIT	5,488	73,482	1,843,699	7,185,660	0 31.00
40.00 04000	SUBPROVIDER - IPF	7,348	133	1,148,880	2,982,581	0 40.00
44.00 04400	SKILLED NURSING FACILITY	3,866	4,768	1,202,400	2,878,751	0 44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	20,705	152,003	1,850,195	15,046,246	0 50.00
51.00 05100	RECOVERY ROOM	3,381	0	367,967	3,627,483	0 51.00
53.00 05300	ANESTHESIOLOGY	244	71,940	47,051	6,068,953	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,295	384,658	2,255,790	65,380,494	0 54.00
56.00 05600	RADIOISOTOPE	1,001	77,400	203,228	3,949,274	0 56.00
59.00 05900	CARDIAC CATHETERIZATION	1,761	157,394	531,716	7,608,995	0 59.00
60.00 06000	LABORATORY	14,381	171,047	1,161,975	52,481,402	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	364	1,382	430,798	6,405,308	0 63.00
65.00 06500	RESPIRATORY THERAPY	1,542	29,399	647,476	6,459,742	0 65.00
66.00 06600	PHYSICAL THERAPY	5,425	3,822	995,029	8,772,920	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,461	266	211,966	2,077,437	0 67.00
68.00 06800	SPEECH PATHOLOGY	500	0	152,494	884,191	0 68.00
69.00 06900	ELECTROCARDIOLOGY	5,052	53,855	869,941	18,288,148	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	16,712,591	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	17,296,639	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	70,437,648	0 73.00
74.00 07400	RENAL DIALYSIS	280	0	0	1,337,083	0 74.00
76.00 03020	ONCOLOGY	1,777	1,710	801,249	2,469,720	0 76.00
76.01 03021	DIGESTIVE HEALTH	3,422	12,340	575,082	9,203,603	0 76.01
76.02 03550	OP PSYCH	3,882	78	0	2,881,759	0 76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,394,920	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	16,626	59,124	2,811,734	36,653,734	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	976	147,369	1,718,007	12,654,929	0 95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	412,593	4,767,889	37,252,479	415,405,339	-22,502,661 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,036	1,151	17,846	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	TWIN RIVERS MRI	0	0	0	0	0 192.01
193.00 19300	NONPAID WORKERS	1,596	76	9,763	0	0 193.00
193.01 19301	PHYSICIAN/PUBLIC RELATIONS	1,041	144	195,970	0	0 193.01
193.02 19302	MEDICAL OFFICE BUILDING	0	0	140,213	0	0 193.02
193.03 19303	HOME CARE PHARMACY	481	0	353,947	0	0 193.03
193.04 19304	MANAGEMENT SERVICES	0	0	108,704	0	0 193.04
193.05 19305	EUNICE SMITH NURSING HOME	0	0	0	0	0 193.05
193.06 19306	VACANT SPACE	34,895	0	0	0	0 193.06
193.07 19307	POB 2	0	0	53,406	0	0 193.07
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,173,153	4,768,105	1,207,407	1,209,447	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.454101	0.999758	0.031664	0.002911	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1

Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
204.00	Cost to be allocated (per Wkst. B, Part II)			35,478	72,437	5A	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000930	0.000174		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1

Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		5.00	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
4.03	00401	ADMINITTING					4.03	
5.00	00500	ADMINISTRATIVE & GENERAL	90,312,530				5.00	
7.00	00700	OPERATION OF PLANT	4,955,114	242,601			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	408,937	1,100	670,387		8.00	
9.00	00900	HOUSEKEEPING	1,416,136	2,601	0	238,900	9.00	
10.00	01000	DIETARY	1,890,937	10,795	0	10,795	377,854	10.00
11.00	01100	CAFETERIA	98,058	4,850	0	4,850	191,454	11.00
13.00	01300	NURSING ADMINISTRATION	1,107,248	495	0	495	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	323,179	4,456	2,379	4,456	0	14.00
15.00	01500	PHARMACY	13,257,040	2,770	4	2,770	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,531,753	5,311	0	5,311	0	16.00
17.00	01700	SOCIAL SERVICE	976,580	524	0	524	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	12,223,710	54,873	306,967	54,873	76,080	30.00
31.00	03100	INTENSIVE CARE UNIT	2,709,775	5,488	38,421	5,488	10,206	31.00
40.00	04000	SUBPROVIDER - IPF	1,602,223	7,348	12,144	7,348	10,381	40.00
44.00	04400	SKILLED NURSING FACILITY	1,735,637	3,866	34,569	3,866	16,257	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,323,584	20,705	40,000	20,705	0	50.00
51.00	05100	RECOVERY ROOM	564,688	3,381	9,881	3,381	0	51.00
53.00	05300	ANESTHESIOLOGY	342,491	244	0	244	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,687,382	16,295	48,506	16,295	0	54.00
56.00	05600	RADIOISOTOPE	580,854	1,001	3,441	1,001	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,134,354	1,761	3,606	1,761	0	59.00
60.00	06000	LABORATORY	3,543,823	14,381	0	14,381	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,487,316	364	0	364	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,103,751	1,542	3,007	1,542	0	65.00
66.00	06600	PHYSICAL THERAPY	1,472,323	5,425	9,676	5,425	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	285,202	1,461	0	1,461	0	67.00
68.00	06800	SPEECH PATHOLOGY	205,150	500	0	500	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,472,899	5,052	8,792	5,052	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,163,685	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,137,598	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	205,246	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	391,377	280	0	280	0	74.00
76.00	03020	ONCOLOGY	1,186,368	1,777	0	1,777	0	76.00
76.01	03021	DIGESTIVE HEALTH	921,112	3,422	26,363	3,422	0	76.01
76.02	03550	OP PSYCH	561,221	3,882	12	3,882	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	239,906	0	8,358	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	4,334,916	16,626	84,041	16,626	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	2,921,173	976	29,070	976	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	84,502,746	203,552	669,237	199,851	304,378	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,799	1,036	0	1,036	2,301	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,092	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	1,150	0	0	192.01
193.00	19300	NONPAID WORKERS	45,770	1,596	0	1,596	0	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	1,106,936	1,041	0	1,041	0	193.01
193.02	19302	MEDICAL OFFICE BUILDING	545,914	0	0	0	0	193.02
193.03	19303	HOME CARE PHARMACY	3,036,252	481	0	481	0	193.03
193.04	19304	MANAGEMENT SERVICES	191,921	0	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	71,175	193.05
193.06	19306	VACANT SPACE	399,691	34,895	0	34,895	0	193.06
193.07	19307	POB 2	432,409	0	0	0	0	193.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	22,502,661	6,189,750	538,895	1,835,348	2,720,448	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.249164	25.514116	0.803857	7.682495	7.199733	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,059,875	2,256,211	41,213	120,301	339,875	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.044954	9.300089	0.061476	0.503562	0.899488	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1

Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.03	00401						4.03
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	64,161					11.00
13.00	01300	919	494,534				13.00
14.00	01400	583	0	10,000			14.00
15.00	01500	2,026	0	0	100		15.00
16.00	01600	1,783	0	0	0	415,405,339	16.00
17.00	01700	908	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	14,427	298,127	0	0	34,265,128	30.00
31.00	03100	2,868	59,656	0	0	7,185,660	31.00
40.00	04000	1,998	41,556	0	0	2,982,581	40.00
44.00	04400	2,181	45,375	0	0	2,878,751	44.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,007	0	0	0	15,046,246	50.00
51.00	05100	460	0	0	0	3,627,483	51.00
53.00	05300	119	0	0	0	6,068,953	53.00
54.00	05400	4,066	0	0	0	65,380,494	54.00
56.00	05600	313	0	0	0	3,949,274	56.00
59.00	05900	797	0	0	0	7,608,995	59.00
60.00	06000	2,772	0	0	0	52,481,402	60.00
63.00	06300	1,009	0	0	0	6,405,308	63.00
65.00	06500	1,252	0	0	0	6,459,742	65.00
66.00	06600	1,585	0	0	0	8,772,920	66.00
67.00	06700	366	0	0	0	2,077,437	67.00
68.00	06800	177	0	0	0	884,191	68.00
69.00	06900	1,501	0	0	0	18,288,148	69.00
71.00	07100	0	0	3,448	0	16,712,591	71.00
72.00	07200	0	0	6,552	0	17,296,639	72.00
73.00	07300	0	0	0	100	70,437,648	73.00
74.00	07400	0	0	0	0	1,337,083	74.00
76.00	03020	1,611	33,047	0	0	2,469,720	76.00
76.01	03021	834	16,773	0	0	9,203,603	76.01
76.02	03550	0	0	0	0	2,881,759	76.02
76.98	07698	0	0	0	0	1,394,920	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	4,751	0	0	0	36,653,734	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	4,461	0	0	0	12,654,929	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		56,774	494,534	10,000	100	415,405,339	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	57	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	37	0	0	0	0	193.00
193.01	19301	298	0	0	0	0	193.01
193.02	19302	458	0	0	0	0	193.02
193.03	19303	617	0	0	0	0	193.03
193.04	19304	0	0	0	0	0	193.04
193.05	19305	5,670	0	0	0	0	193.05
193.06	19306	0	0	0	0	0	193.06
193.07	19307	250	0	0	0	0	193.07
200.00							200.00
201.00							201.00
202.00		1,661,912	1,423,370	568,641	16,704,685	2,135,902	202.00
203.00		25.902215	2.878205	56.864100	167,046.850000	0.005142	203.00
204.00		279,717	171,558	143,621	889,755	198,090	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1

Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
205.00	Unit cost multiplier (Wkst. B, Part II)	4.359611	0.346908	14.362100	8,897.550000	0.000477	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140002

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

Worksheet B-1  
Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description		SOCIAL SERVICE (PATIENT DAYS) 17.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
4.03	00401 ADMITTING		4.03
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
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE	32,979	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	22,690	30.00
31.00	03100 INTENSIVE CARE UNIT	2,850	31.00
40.00	04000 SUBPROVIDER - IPF	2,899	40.00
44.00	04400 SKILLED NURSING FACILITY	4,540	44.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0	50.00
51.00	05100 RECOVERY ROOM	0	51.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
56.00	05600 RADIOISOTOPE	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
66.00	06600 PHYSICAL THERAPY	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
76.00	03020 ONCOLOGY	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	76.01
76.02	03550 OP PSYCH	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	32,979	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 TWIN RIVERS MRI	0	192.01
193.00	19300 NONPAID WORKERS	0	193.00
193.01	19301 PHYSICIAN/PUBLIC RELATIONS	0	193.01
193.02	19302 MEDICAL OFFICE BUILDING	0	193.02
193.03	19303 HOME CARE PHARMACY	0	193.03
193.04	19304 MANAGEMENT SERVICES	0	193.04
193.05	19305 EUNICE SMITH NURSING HOME	0	193.05
193.06	19306 VACANT SPACE	0	193.06
193.07	19307 POB 2	0	193.07
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,260,823	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	38.231086	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	64,479	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.955153	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/23/2014 1:57 pm
		Title XVIIII	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		20,160,944	14,651	20,175,595	30.00
31.00	03100 INTENSIVE CARE UNIT		4,063,399	9,077	4,072,476	31.00
40.00	04000 SUBPROVIDER - IPF		2,627,398	3,480	2,630,878	40.00
44.00	04400 SKILLED NURSING FACILITY		2,816,733	0	2,816,733	44.00
46.00	04600 OTHER LONG TERM CARE		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		6,275,611	0	6,275,611	50.00
51.00	05100 RECOVERY ROOM		856,137	0	856,137	51.00
53.00	05300 ANESTHESIOLOGY		470,216	17,192	487,408	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,876,745	0	6,876,745	54.00
56.00	05600 RADIOISOTOPE		789,992	0	789,992	56.00
59.00	05900 CARDIAC CATHETERIZATION		1,538,121	23,451	1,561,572	59.00
60.00	06000 LABORATORY		5,245,877	0	5,245,877	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,929,056	0	1,929,056	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,498,018	0	1,498,018	65.00
66.00	06600 PHYSICAL THERAPY	0	2,113,208	18,681	2,131,889	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	424,926	0	424,926	67.00
68.00	06800 SPEECH PATHOLOGY	0	281,996	0	281,996	68.00
69.00	06900 ELECTROCARDIOLOGY		2,147,586	17,105	2,164,691	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,233,964	0	4,233,964	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		6,879,215	0	6,879,215	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		17,323,148	0	17,323,148	73.00
74.00	07400 RENAL DIALYSIS		505,064	0	505,064	74.00
76.00	03020 ONCOLOGY		1,690,502	0	1,690,502	76.00
76.01	03021 DIGESTIVE HEALTH		1,402,613	0	1,402,613	76.01
76.02	03550 OP PSYCH		844,754	0	844,754	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY		313,574	0	313,574	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		6,346,040	0	6,346,040	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,136,155	0	1,136,155	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		3,885,414	0	3,885,414	95.00
200.00	Subtotal (see instructions)	0	104,676,406	103,637	104,780,043	200.00
201.00	Less Observation Beds		1,136,155		1,136,155	201.00
202.00	Total (see instructions)	0	103,540,251	103,637	103,643,888	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/23/2014 1:57 pm
		Title XVIIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	32,971,447		32,971,447	30.00
31.00	03100	INTENSIVE CARE UNIT	7,185,660		7,185,660	31.00
40.00	04000	SUBPROVIDER - IPF	2,982,581		2,982,581	40.00
44.00	04400	SKILLED NURSING FACILITY	2,878,751		2,878,751	44.00
46.00	04600	OTHER LONG TERM CARE	0		0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	3,828,662	11,217,584	15,046,246	50.00
51.00	05100	RECOVERY ROOM	670,422	2,957,061	3,627,483	51.00
53.00	05300	ANESTHESIOLOGY	1,721,055	4,347,898	6,068,953	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,126,238	50,254,256	65,380,494	54.00
56.00	05600	RADIOISOTOPE	882,171	3,067,103	3,949,274	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,870,079	4,738,916	7,608,995	59.00
60.00	06000	LABORATORY	22,754,661	29,726,741	52,481,402	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,580,712	2,824,596	6,405,308	63.00
65.00	06500	RESPIRATORY THERAPY	5,717,662	742,080	6,459,742	65.00
66.00	06600	PHYSICAL THERAPY	3,068,652	5,704,268	8,772,920	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,413,295	664,142	2,077,437	67.00
68.00	06800	SPEECH PATHOLOGY	231,695	652,496	884,191	68.00
69.00	06900	ELECTROCARDIOLOGY	6,558,378	11,729,770	18,288,148	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,906,199	8,806,392	16,712,591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,112,055	9,184,584	17,296,639	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,977,828	44,459,820	70,437,648	73.00
74.00	07400	RENAL DIALYSIS	1,326,443	10,640	1,337,083	74.00
76.00	03020	ONCOLOGY	33,721	2,435,999	2,469,720	76.00
76.01	03021	DIGESTIVE HEALTH	968,395	8,235,208	9,203,603	76.01
76.02	03550	OP PSYCH	10,998	2,870,761	2,881,759	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	41,988	1,352,932	1,394,920	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	8,914,080	27,739,654	36,653,734	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	178,395	1,115,286	1,293,681	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	51,968	12,602,961	12,654,929	95.00
200.00		Subtotal (see instructions)	167,964,191	247,441,148	415,405,339	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	167,964,191	247,441,148	415,405,339	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/23/2014 1:57 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
44.00	04400 SKILLED NURSING FACILITY			44.00
46.00	04600 OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.417088		50.00
51.00	05100 RECOVERY ROOM	0.236014		51.00
53.00	05300 ANESTHESIOLOGY	0.080312		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.105180		54.00
56.00	05600 RADIOISOTOPE	0.200035		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.205227		59.00
60.00	06000 LABORATORY	0.099957		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.301165		63.00
65.00	06500 RESPIRATORY THERAPY	0.231901		65.00
66.00	06600 PHYSICAL THERAPY	0.243008		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.204543		67.00
68.00	06800 SPEECH PATHOLOGY	0.318931		68.00
69.00	06900 ELECTROCARDIOLOGY	0.118366		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253340		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.397720		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245936		73.00
74.00	07400 RENAL DIALYSIS	0.377736		74.00
76.00	03020 ONCOLOGY	0.684491		76.00
76.01	03021 DIGESTIVE HEALTH	0.152398		76.01
76.02	03550 OP PSYCH	0.293138		76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.224797		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.173135		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.878234		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.307028		95.00
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: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/23/2014 1:57 pm
		Title XIX	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		20,160,944	14,651	20,175,595	30.00
31.00	03100 INTENSIVE CARE UNIT		4,063,399	9,077	4,072,476	31.00
40.00	04000 SUBPROVIDER - IPF		2,627,398	3,480	2,630,878	40.00
44.00	04400 SKILLED NURSING FACILITY		2,816,733	0	2,816,733	44.00
46.00	04600 OTHER LONG TERM CARE		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		6,275,611	0	6,275,611	50.00
51.00	05100 RECOVERY ROOM		856,137	0	856,137	51.00
53.00	05300 ANESTHESIOLOGY		470,216	17,192	487,408	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,876,745	0	6,876,745	54.00
56.00	05600 RADIOISOTOPE		789,992	0	789,992	56.00
59.00	05900 CARDIAC CATHETERIZATION		1,538,121	23,451	1,561,572	59.00
60.00	06000 LABORATORY		5,245,877	0	5,245,877	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,929,056	0	1,929,056	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,498,018	0	1,498,018	65.00
66.00	06600 PHYSICAL THERAPY	0	2,113,208	18,681	2,131,889	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	424,926	0	424,926	67.00
68.00	06800 SPEECH PATHOLOGY	0	281,996	0	281,996	68.00
69.00	06900 ELECTROCARDIOLOGY		2,147,586	17,105	2,164,691	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,233,964	0	4,233,964	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		6,879,215	0	6,879,215	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		17,323,148	0	17,323,148	73.00
74.00	07400 RENAL DIALYSIS		505,064	0	505,064	74.00
76.00	03020 ONCOLOGY		1,690,502	0	1,690,502	76.00
76.01	03021 DIGESTIVE HEALTH		1,402,613	0	1,402,613	76.01
76.02	03550 OP PSYCH		844,754	0	844,754	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY		313,574	0	313,574	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		6,346,040	0	6,346,040	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,136,155	0	1,136,155	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		3,885,414	0	3,885,414	95.00
200.00	Subtotal (see instructions)	0	104,676,406	103,637	104,780,043	200.00
201.00	Less Observation Beds		1,136,155		1,136,155	201.00
202.00	Total (see instructions)	0	103,540,251	103,637	103,643,888	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/23/2014 1:57 pm
		Title XIX	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
	9.00	10.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	32,971,447		32,971,447	30.00
31.00	03100	INTENSIVE CARE UNIT	7,185,660		7,185,660	31.00
40.00	04000	SUBPROVIDER - IPF	2,982,581		2,982,581	40.00
44.00	04400	SKILLED NURSING FACILITY	2,878,751		2,878,751	44.00
46.00	04600	OTHER LONG TERM CARE	0		0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	3,828,662	11,217,584	15,046,246	50.00
51.00	05100	RECOVERY ROOM	670,422	2,957,061	3,627,483	51.00
53.00	05300	ANESTHESIOLOGY	1,721,055	4,347,898	6,068,953	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,126,238	50,254,256	65,380,494	54.00
56.00	05600	RADIOISOTOPE	882,171	3,067,103	3,949,274	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,870,079	4,738,916	7,608,995	59.00
60.00	06000	LABORATORY	22,754,661	29,726,741	52,481,402	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,580,712	2,824,596	6,405,308	63.00
65.00	06500	RESPIRATORY THERAPY	5,717,662	742,080	6,459,742	65.00
66.00	06600	PHYSICAL THERAPY	3,068,652	5,704,268	8,772,920	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,413,295	664,142	2,077,437	67.00
68.00	06800	SPEECH PATHOLOGY	231,695	652,496	884,191	68.00
69.00	06900	ELECTROCARDIOLOGY	6,558,378	11,729,770	18,288,148	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,906,199	8,806,392	16,712,591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,112,055	9,184,584	17,296,639	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,977,828	44,459,820	70,437,648	73.00
74.00	07400	RENAL DIALYSIS	1,326,443	10,640	1,337,083	74.00
76.00	03020	ONCOLOGY	33,721	2,435,999	2,469,720	76.00
76.01	03021	DIGESTIVE HEALTH	968,395	8,235,208	9,203,603	76.01
76.02	03550	OP PSYCH	10,998	2,870,761	2,881,759	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	41,988	1,352,932	1,394,920	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100	EMERGENCY	8,914,080	27,739,654	36,653,734	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	178,395	1,115,286	1,293,681	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	51,968	12,602,961	12,654,929	95.00
200.00		Subtotal (see instructions)	167,964,191	247,441,148	415,405,339	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	167,964,191	247,441,148	415,405,339	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/23/2014 1:57 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
44.00	04400 SKILLED NURSING FACILITY			44.00
46.00	04600 OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.417088		50.00
51.00	05100 RECOVERY ROOM	0.236014		51.00
53.00	05300 ANESTHESIOLOGY	0.080312		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.105180		54.00
56.00	05600 RADIOISOTOPE	0.200035		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.205227		59.00
60.00	06000 LABORATORY	0.099957		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.301165		63.00
65.00	06500 RESPIRATORY THERAPY	0.231901		65.00
66.00	06600 PHYSICAL THERAPY	0.243008		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.204543		67.00
68.00	06800 SPEECH PATHOLOGY	0.318931		68.00
69.00	06900 ELECTROCARDIOLOGY	0.118366		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253340		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.397720		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245936		73.00
74.00	07400 RENAL DIALYSIS	0.377736		74.00
76.00	03020 ONCOLOGY	0.684491		76.00
76.01	03021 DIGESTIVE HEALTH	0.152398		76.01
76.02	03550 OP PSYCH	0.293138		76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.224797		76.98
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.173135		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.878234		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.307028		95.00
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: 140002

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

Worksheet C Part II Date/Time Prepared: 5/23/2014 1:57 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,275,611	832,903	5,442,708	0	0	50.00
51.00	05100	RECOVERY ROOM	856,137	102,975	753,162	0	0	51.00
53.00	05300	ANESTHESIOLOGY	470,216	97,020	373,196	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,876,745	1,014,906	5,861,839	0	0	54.00
56.00	05600	RADIOISOTOPE	789,992	129,109	660,883	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,538,121	254,929	1,283,192	0	0	59.00
60.00	06000	LABORATORY	5,245,877	698,713	4,547,164	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,929,056	84,950	1,844,106	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,498,018	133,441	1,364,577	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,113,208	203,419	1,909,789	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	424,926	47,289	377,637	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	281,996	21,341	260,655	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,147,586	249,564	1,898,022	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,233,964	202,621	4,031,343	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,879,215	336,316	6,542,899	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,323,148	944,937	16,378,211	0	0	73.00
74.00	07400	RENAL DIALYSIS	505,064	24,417	480,647	0	0	74.00
76.00	03020	ONCOLOGY	1,690,502	121,913	1,568,589	0	0	76.00
76.01	03021	DIGESTIVE HEALTH	1,402,613	153,106	1,249,507	0	0	76.01
76.02	03550	OP PSYCH	844,754	112,824	731,930	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	313,574	12,207	301,367	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	6,346,040	668,827	5,677,213	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,136,155	145,117	991,038	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	3,885,414	331,278	3,554,136	0	0	95.00
200.00		Subtotal (sum of lines 50 thru 199)	75,007,932	6,924,122	68,083,810	0	0	200.00
201.00		Less Observation Beds	1,136,155	145,117	991,038	0	0	201.00
202.00		Total (line 200 minus line 201)	73,871,777	6,779,005	67,092,772	0	0	202.00

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

Provider CCN: 140002

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

Worksheet C Part II Date/Time Prepared: 5/23/2014 1:57 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	6,275,611	15,046,246	0.417088	50.00
51.00	05100 RECOVERY ROOM	856,137	3,627,483	0.236014	51.00
53.00	05300 ANESTHESIOLOGY	470,216	6,068,953	0.077479	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,876,745	65,380,494	0.105180	54.00
56.00	05600 RADIOISOTOPE	789,992	3,949,274	0.200035	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,538,121	7,608,995	0.202145	59.00
60.00	06000 LABORATORY	5,245,877	52,481,402	0.099957	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,929,056	6,405,308	0.301165	63.00
65.00	06500 RESPIRATORY THERAPY	1,498,018	6,459,742	0.231901	65.00
66.00	06600 PHYSICAL THERAPY	2,113,208	8,772,920	0.240879	66.00
67.00	06700 OCCUPATIONAL THERAPY	424,926	2,077,437	0.204543	67.00
68.00	06800 SPEECH PATHOLOGY	281,996	884,191	0.318931	68.00
69.00	06900 ELECTROCARDIOLOGY	2,147,586	18,288,148	0.117430	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,233,964	16,712,591	0.253340	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	6,879,215	17,296,639	0.397720	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,323,148	70,437,648	0.245936	73.00
74.00	07400 RENAL DIALYSIS	505,064	1,337,083	0.377736	74.00
76.00	03020 ONCOLOGY	1,690,502	2,469,720	0.684491	76.00
76.01	03021 DIGESTIVE HEALTH	1,402,613	9,203,603	0.152398	76.01
76.02	03550 OP PSYCH	844,754	2,881,759	0.293138	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	313,574	1,394,920	0.224797	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	6,346,040	36,653,734	0.173135	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,136,155	1,293,681	0.878234	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	3,885,414	12,654,929	0.307028	95.00
200.00	Subtotal (sum of lines 50 thru 199)	75,007,932	369,386,900		200.00
201.00	Less Observation Beds	1,136,155	0		201.00
202.00	Total (line 200 minus line 201)	73,871,777	369,386,900		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140002		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/23/2014 1:57 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,576,942	0	2,576,942	24,044	107.18	30.00
31.00	INTENSIVE CARE UNIT	373,656	0	373,656	2,850	131.11	31.00
40.00	SUBPROVIDER - IPF	273,100	0	273,100	2,899	94.20	40.00
44.00	SKILLED NURSING FACILITY	226,048		226,048	4,540	49.79	44.00
200.00	Total (lines 30-199)	3,449,746		3,449,746	34,333		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	11,689	1,252,827				
31.00	INTENSIVE CARE UNIT	1,473	193,125				
40.00	SUBPROVIDER - IPF	2,563	241,435				
44.00	SKILLED NURSING FACILITY	3,200	159,328				
200.00	Total (lines 30-199)	18,925	1,846,715				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/23/2014 1:57 pm
--	--	----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	832,903	15,046,246	0.055356	2,258,325	125,012	50.00
51.00	05100 RECOVERY ROOM	102,975	3,627,483	0.028387	324,754	9,219	51.00
53.00	05300 ANESTHESIOLOGY	97,020	6,068,953	0.015986	757,387	12,108	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,014,906	65,380,494	0.015523	7,147,430	110,950	54.00
56.00	05600 RADIOISOTOPE	129,109	3,949,274	0.032692	414,908	13,564	56.00
59.00	05900 CARDIAC CATHETERIZATION	254,929	7,608,995	0.033504	866,088	29,017	59.00
60.00	06000 LABORATORY	698,713	52,481,402	0.013314	12,398,530	165,074	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	84,950	6,405,308	0.013262	1,320,887	17,518	63.00
65.00	06500 RESPIRATORY THERAPY	133,441	6,459,742	0.020657	3,509,097	72,487	65.00
66.00	06600 PHYSICAL THERAPY	203,419	8,772,920	0.023187	1,043,424	24,194	66.00
67.00	06700 OCCUPATIONAL THERAPY	47,289	2,077,437	0.022763	248,971	5,667	67.00
68.00	06800 SPEECH PATHOLOGY	21,341	884,191	0.024136	134,844	3,255	68.00
69.00	06900 ELECTROCARDIOLOGY	249,564	18,288,148	0.013646	4,541,306	61,971	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	202,621	16,712,591	0.012124	4,420,510	53,594	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	336,316	17,296,639	0.019444	4,545,010	88,373	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	944,937	70,437,648	0.013415	14,277,821	191,537	73.00
74.00	07400 RENAL DIALYSIS	24,417	1,337,083	0.018261	780,234	14,248	74.00
76.00	03020 ONCOLOGY	121,913	2,469,720	0.049363	6,760	334	76.00
76.01	03021 DIGESTIVE HEALTH	153,106	9,203,603	0.016635	455,488	7,577	76.01
76.02	03550 OP PSYCH	112,824	2,881,759	0.039151	1,038	41	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	12,207	1,394,920	0.008751	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	668,827	36,653,734	0.018247	3,258,899	59,465	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	145,117	1,293,681	0.112174	102,939	11,547	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	6,592,844	356,731,971		62,814,650	1,076,752	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/23/2014 1:57 pm
---	--	----------------------	---	---

Cost Center Description			Title XVIII				Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
200.00		Total (lines 30-199)	0	0	0	0	0	0	200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School			
			6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	24,044	0.00	11,689	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,850	0.00	1,473	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	2,899	0.00	2,563	0	0	0	40.00	
44.00	04400	SKILLED NURSING FACILITY	4,540	0.00	3,200	0	0	0	44.00	
200.00		Total (lines 30-199)	34,333		18,925	0	0	0	200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost						
			12.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0					30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0					31.00	
40.00	04000	SUBPROVIDER - IPF	0	0					40.00	
44.00	04400	SKILLED NURSING FACILITY	0	0					44.00	
200.00		Total (lines 30-199)	0	0					200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 1:57 pm
--	----------------------	---	--

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	0	0	0	0	76.00
76.01	03021	DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 1:57 pm
--	----------------------	---	--

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	15,046,246	0.000000	0.000000	2,258,325	50.00
51.00	05100 RECOVERY ROOM	0	3,627,483	0.000000	0.000000	324,754	51.00
53.00	05300 ANESTHESIOLOGY	0	6,068,953	0.000000	0.000000	757,387	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	65,380,494	0.000000	0.000000	7,147,430	54.00
56.00	05600 RADIOISOTOPE	0	3,949,274	0.000000	0.000000	414,908	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,608,995	0.000000	0.000000	866,088	59.00
60.00	06000 LABORATORY	0	52,481,402	0.000000	0.000000	12,398,530	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	6,405,308	0.000000	0.000000	1,320,887	63.00
65.00	06500 RESPIRATORY THERAPY	0	6,459,742	0.000000	0.000000	3,509,097	65.00
66.00	06600 PHYSICAL THERAPY	0	8,772,920	0.000000	0.000000	1,043,424	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,077,437	0.000000	0.000000	248,971	67.00
68.00	06800 SPEECH PATHOLOGY	0	884,191	0.000000	0.000000	134,844	68.00
69.00	06900 ELECTROCARDIOLOGY	0	18,288,148	0.000000	0.000000	4,541,306	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,712,591	0.000000	0.000000	4,420,510	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	17,296,639	0.000000	0.000000	4,545,010	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	70,437,648	0.000000	0.000000	14,277,821	73.00
74.00	07400 RENAL DIALYSIS	0	1,337,083	0.000000	0.000000	780,234	74.00
76.00	03020 ONCOLOGY	0	2,469,720	0.000000	0.000000	6,760	76.00
76.01	03021 DIGESTIVE HEALTH	0	9,203,603	0.000000	0.000000	455,488	76.01
76.02	03550 OP PSYCH	0	2,881,759	0.000000	0.000000	1,038	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,394,920	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	36,653,734	0.000000	0.000000	3,258,899	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,293,681	0.000000	0.000000	102,939	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	356,731,971			62,814,650	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 1:57 pm
--	----------------------	---	--

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	21.00	22.00	
50.00	05000 OPERATING ROOM	0	3,930,471	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	856,539	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	981,891	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	16,638,789	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	1,439,945	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,184,504	0	0	0	59.00
60.00	06000 LABORATORY	0	1,076,489	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	679,455	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	226,265	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	5,039,439	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,600,804	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,615,131	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	25,179,082	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ONCOLOGY	0	951,084	0	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	2,377,842	0	0	0	76.01
76.02	03550 OP PSYCH	0	2,708,001	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	562,886	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	4,845,875	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	495,938	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	76,390,430	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 1:57 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 ONCOLOGY	0	0	76.00
76.01 03021 DIGESTIVE HEALTH	0	0	76.01
76.02 03550 OP PSYCH	0	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/23/2014 1:57 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.417088	3,930,471	0	0	1,639,352	50.00
51.00	05100	RECOVERY ROOM	0.236014	856,539	0	0	202,155	51.00
53.00	05300	ANESTHESIOLOGY	0.077479	981,891	0	0	76,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105180	16,638,789	0	0	1,750,068	54.00
56.00	05600	RADIOISOTOPE	0.200035	1,439,945	0	0	288,039	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.202145	1,184,504	0	0	239,442	59.00
60.00	06000	LABORATORY	0.099957	1,076,489	0	0	107,603	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.301165	679,455	0	0	204,628	63.00
65.00	06500	RESPIRATORY THERAPY	0.231901	226,265	0	0	52,471	65.00
66.00	06600	PHYSICAL THERAPY	0.240879	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.204543	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.318931	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.117430	5,039,439	0	0	591,781	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253340	2,600,804	0	0	658,888	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.397720	4,615,131	0	0	1,835,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.245936	25,179,082	0	9,341	6,192,443	73.00
74.00	07400	RENAL DIALYSIS	0.377736	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0.684491	951,084	0	0	651,008	76.00
76.01	03021	DIGESTIVE HEALTH	0.152398	2,377,842	0	0	362,378	76.01
76.02	03550	OP PSYCH	0.293138	2,708,001	0	0	793,818	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.224797	562,886	0	0	126,535	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0.173135	4,845,875	0	0	838,991	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.878234	495,938	0	0	435,550	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.307028		0			95.00
200.00		Subtotal (see instructions)		76,390,430	0	9,341	17,046,756	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		76,390,430	0	9,341	17,046,756	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/23/2014 1:57 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,297		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 ONCOLOGY	0	0		76.00
76.01 03021 DIGESTIVE HEALTH	0	0		76.01
76.02 03550 OP PSYCH	0	0		76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	2,297		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	2,297		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140002		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/23/2014 1:57 pm	
		Component CCN: 14S002		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	832,903	15,046,246	0.055356	3,523	195 50.00
51.00	05100	RECOVERY ROOM	102,975	3,627,483	0.028387	543	15 51.00
53.00	05300	ANESTHESIOLOGY	97,020	6,068,953	0.015986	1,135	18 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,014,906	65,380,494	0.015523	184,780	2,868 54.00
56.00	05600	RADIOISOTOPE	129,109	3,949,274	0.032692	0	0 56.00
59.00	05900	CARDIAC CATHETERIZATION	254,929	7,608,995	0.033504	0	0 59.00
60.00	06000	LABORATORY	698,713	52,481,402	0.013314	455,746	6,068 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	84,950	6,405,308	0.013262	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	133,441	6,459,742	0.020657	39,174	809 65.00
66.00	06600	PHYSICAL THERAPY	203,419	8,772,920	0.023187	25,832	599 66.00
67.00	06700	OCCUPATIONAL THERAPY	47,289	2,077,437	0.022763	3,080	70 67.00
68.00	06800	SPEECH PATHOLOGY	21,341	884,191	0.024136	6,321	153 68.00
69.00	06900	ELECTROCARDIOLOGY	249,564	18,288,148	0.013646	78,831	1,076 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	202,621	16,712,591	0.012124	41,554	504 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	336,316	17,296,639	0.019444	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	944,937	70,437,648	0.013415	450,473	6,043 73.00
74.00	07400	RENAL DIALYSIS	24,417	1,337,083	0.018261	0	0 74.00
76.00	03020	ONCOLOGY	121,913	2,469,720	0.049363	0	0 76.00
76.01	03021	DIGESTIVE HEALTH	153,106	9,203,603	0.016635	0	0 76.01
76.02	03550	OP PSYCH	112,824	2,881,759	0.039151	2,365	93 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,207	1,394,920	0.008751	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	668,827	36,653,734	0.018247	172,131	3,141 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,293,681	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	6,447,727	356,731,971		1,465,488	21,652 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 14S002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 1:57 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<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
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ONCOLOGY	0	0	0	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02	03550 OP PSYCH	0	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 14S002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 1:57 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	15,046,246	0.000000	0.000000	3,523	50.00
51.00	05100 RECOVERY ROOM	0	3,627,483	0.000000	0.000000	543	51.00
53.00	05300 ANESTHESIOLOGY	0	6,068,953	0.000000	0.000000	1,135	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	65,380,494	0.000000	0.000000	184,780	54.00
56.00	05600 RADIOISOTOPE	0	3,949,274	0.000000	0.000000	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,608,995	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	52,481,402	0.000000	0.000000	455,746	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	6,405,308	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	6,459,742	0.000000	0.000000	39,174	65.00
66.00	06600 PHYSICAL THERAPY	0	8,772,920	0.000000	0.000000	25,832	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,077,437	0.000000	0.000000	3,080	67.00
68.00	06800 SPEECH PATHOLOGY	0	884,191	0.000000	0.000000	6,321	68.00
69.00	06900 ELECTROCARDIOLOGY	0	18,288,148	0.000000	0.000000	78,831	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,712,591	0.000000	0.000000	41,554	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	17,296,639	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	70,437,648	0.000000	0.000000	450,473	73.00
74.00	07400 RENAL DIALYSIS	0	1,337,083	0.000000	0.000000	0	74.00
76.00	03020 ONCOLOGY	0	2,469,720	0.000000	0.000000	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	9,203,603	0.000000	0.000000	0	76.01
76.02	03550 OP PSYCH	0	2,881,759	0.000000	0.000000	2,365	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,394,920	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	36,653,734	0.000000	0.000000	172,131	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,293,681	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	356,731,971			1,465,488	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 14S002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 1:57 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<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
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ONCOLOGY	0	0	0	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02	03550 OP PSYCH	0	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 14S002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 1:57 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 ONCOLOGY	0	0	76.00
76.01 03021 DIGESTIVE HEALTH	0	0	76.01
76.02 03550 OP PSYCH	0	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 1:57 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ONCOLOGY	0	0	0	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02	03550 OP PSYCH	0	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 1:57 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	15,046,246	0.000000	0.000000	15,120 50.00
51.00 05100 RECOVERY ROOM	0	3,627,483	0.000000	0.000000	0 51.00
53.00 05300 ANESTHESIOLOGY	0	6,068,953	0.000000	0.000000	1,135 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	65,380,494	0.000000	0.000000	73,650 54.00
56.00 05600 RADIOISOTOPE	0	3,949,274	0.000000	0.000000	5,983 56.00
59.00 05900 CARDIAC CATHETERIZATION	0	7,608,995	0.000000	0.000000	11,360 59.00
60.00 06000 LABORATORY	0	52,481,402	0.000000	0.000000	629,256 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	6,405,308	0.000000	0.000000	26,572 63.00
65.00 06500 RESPIRATORY THERAPY	0	6,459,742	0.000000	0.000000	152,658 65.00
66.00 06600 PHYSICAL THERAPY	0	8,772,920	0.000000	0.000000	1,100,254 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,077,437	0.000000	0.000000	777,314 67.00
68.00 06800 SPEECH PATHOLOGY	0	884,191	0.000000	0.000000	31,996 68.00
69.00 06900 ELECTROCARDIOLOGY	0	18,288,148	0.000000	0.000000	77,394 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,712,591	0.000000	0.000000	297,443 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	17,296,639	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	70,437,648	0.000000	0.000000	1,514,283 73.00
74.00 07400 RENAL DIALYSIS	0	1,337,083	0.000000	0.000000	144,970 74.00
76.00 03020 ONCOLOGY	0	2,469,720	0.000000	0.000000	0 76.00
76.01 03021 DIGESTIVE HEALTH	0	9,203,603	0.000000	0.000000	1,367 76.01
76.02 03550 OP PSYCH	0	2,881,759	0.000000	0.000000	0 76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	1,394,920	0.000000	0.000000	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100 EMERGENCY	0	36,653,734	0.000000	0.000000	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,293,681	0.000000	0.000000	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES					
200.00	Total (lines 50-199)	0	356,731,971		4,860,755 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 1:57 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ONCOLOGY	0	0	0	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02	03550 OP PSYCH	0	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 1:57 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 ONCOLOGY	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0	0	76.01
76.02	03550 OP PSYCH	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/23/2014 1:57 pm
		Title XIX		Hospital

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,576,942	0	2,576,942	24,044	107.18	30.00	
31.00	INTENSIVE CARE UNIT	373,656	0	373,656	2,850	131.11	31.00	
40.00	SUBPROVIDER - IPF	273,100	0	273,100	2,899	94.20	40.00	
44.00	SKILLED NURSING FACILITY	226,048		226,048	4,540	49.79	44.00	
200.00	Total (lines 30-199)	3,449,746		3,449,746	34,333		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,540	379,417					30.00
31.00	INTENSIVE CARE UNIT	581	76,175					31.00
40.00	SUBPROVIDER - IPF	27	2,543					40.00
44.00	SKILLED NURSING FACILITY	199	9,908					44.00
200.00	Total (lines 30-199)	4,347	468,043					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/23/2014 1:57 pm
--	--	----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	832,903	15,046,246	0.055356	534,757	29,602	50.00
51.00	05100 RECOVERY ROOM	102,975	3,627,483	0.028387	57,585	1,635	51.00
53.00	05300 ANESTHESIOLOGY	97,020	6,068,953	0.015986	190,437	3,044	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,014,906	65,380,494	0.015523	1,335,986	20,739	54.00
56.00	05600 RADIOISOTOPE	129,109	3,949,274	0.032692	72,298	2,364	56.00
59.00	05900 CARDIAC CATHETERIZATION	254,929	7,608,995	0.033504	205,575	6,888	59.00
60.00	06000 LABORATORY	698,713	52,481,402	0.013314	2,255,950	30,036	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	84,950	6,405,308	0.013262	502,786	6,668	63.00
65.00	06500 RESPIRATORY THERAPY	133,441	6,459,742	0.020657	540,236	11,160	65.00
66.00	06600 PHYSICAL THERAPY	203,419	8,772,920	0.023187	62,116	1,440	66.00
67.00	06700 OCCUPATIONAL THERAPY	47,289	2,077,437	0.022763	16,014	365	67.00
68.00	06800 SPEECH PATHOLOGY	21,341	884,191	0.024136	7,446	180	68.00
69.00	06900 ELECTROCARDIOLOGY	249,564	18,288,148	0.013646	363,082	4,955	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	202,621	16,712,591	0.012124	805,289	9,763	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	336,316	17,296,639	0.019444	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	944,937	70,437,648	0.013415	2,794,659	37,490	73.00
74.00	07400 RENAL DIALYSIS	24,417	1,337,083	0.018261	27,451	501	74.00
76.00	03020 ONCOLOGY	121,913	2,469,720	0.049363	8,146	402	76.00
76.01	03021 DIGESTIVE HEALTH	153,106	9,203,603	0.016635	55,710	927	76.01
76.02	03550 OP PSYCH	112,824	2,881,759	0.039151	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	12,207	1,394,920	0.008751	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	668,827	36,653,734	0.018247	798,009	14,561	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	145,117	1,293,681	0.112174	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	6,592,844	356,731,971		10,633,532	182,720	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/23/2014 1:57 pm
---	--	----------------------	---	---

Cost Center Description			Title XIX		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00	
200.00		Total (lines 30-199)	0	0	0	0	0 200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,044	0.00	3,540	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	2,850	0.00	581	0	0 31.00	
40.00	04000	SUBPROVIDER - IPF	2,899	0.00	27	0	0 40.00	
44.00	04400	SKILLED NURSING FACILITY	4,540	0.00	199	0	0 44.00	
200.00		Total (lines 30-199)	34,333		4,347	0	0 200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	40.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00			
200.00		Total (lines 30-199)	0	0	200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 1:57 pm
--	----------------------	---	--

Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
<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
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	0	0	0	0	76.00
76.01	03021	DIGESTIVE HEALTH	0	0	0	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	15,046,246	0.000000	0.000000	534,757	50.00
51.00	05100	RECOVERY ROOM	0	3,627,483	0.000000	0.000000	57,585	51.00
53.00	05300	ANESTHESIOLOGY	0	6,068,953	0.000000	0.000000	190,437	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	65,380,494	0.000000	0.000000	1,335,986	54.00
56.00	05600	RADIOISOTOPE	0	3,949,274	0.000000	0.000000	72,298	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,608,995	0.000000	0.000000	205,575	59.00
60.00	06000	LABORATORY	0	52,481,402	0.000000	0.000000	2,255,950	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,405,308	0.000000	0.000000	502,786	63.00
65.00	06500	RESPIRATORY THERAPY	0	6,459,742	0.000000	0.000000	540,236	65.00
66.00	06600	PHYSICAL THERAPY	0	8,772,920	0.000000	0.000000	62,116	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,077,437	0.000000	0.000000	16,014	67.00
68.00	06800	SPEECH PATHOLOGY	0	884,191	0.000000	0.000000	7,446	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,288,148	0.000000	0.000000	363,082	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,712,591	0.000000	0.000000	805,289	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,296,639	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	70,437,648	0.000000	0.000000	2,794,659	73.00
74.00	07400	RENAL DIALYSIS	0	1,337,083	0.000000	0.000000	27,451	74.00
76.00	03020	ONCOLOGY	0	2,469,720	0.000000	0.000000	8,146	76.00
76.01	03021	DIGESTIVE HEALTH	0	9,203,603	0.000000	0.000000	55,710	76.01
76.02	03550	OP PSYCH	0	2,881,759	0.000000	0.000000	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,394,920	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	36,653,734	0.000000	0.000000	798,009	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,293,681	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	356,731,971			10,633,532	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/23/2014 1:57 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<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
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	0	0	0	76.00
76.01	03021	DIGESTIVE HEALTH	0	0	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 1:57 pm
	Title XIX	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 ONCOLOGY	0	0	76.00
76.01 03021 DIGESTIVE HEALTH	0	0	76.01
76.02 03550 OP PSYCH	0	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/23/2014 1:57 pm
	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	0.417088	0	0	1,473,360	0	50.00
51.00 05100 RECOVERY ROOM	0.236014	0	0	468,936	0	51.00
53.00 05300 ANESTHESIOLOGY	0.077479	0	0	694,052	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.105180	0	0	9,014,619	0	54.00
56.00 05600 RADIOISOTOPE	0.200035	0	0	266,322	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0.202145	0	0	118,184	0	59.00
60.00 06000 LABORATORY	0.099957	0	0	4,541,021	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.301165	0	0	681,835	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.231901	0	0	145,103	0	65.00
66.00 06600 PHYSICAL THERAPY	0.240879	0	0	877,438	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.204543	0	0	188,783	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.318931	0	0	98,379	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.117430	0	0	1,233,586	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253340	0	0	1,163,005	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.397720	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.245936	0	0	6,506,358	0	73.00
74.00 07400 RENAL DIALYSIS	0.377736	0	0	0	0	74.00
76.00 03020 ONCOLOGY	0.684491	0	0	313,772	0	76.00
76.01 03021 DIGESTIVE HEALTH	0.152398	0	0	364,840	0	76.01
76.02 03550 OP PSYCH	0.293138	0	0	1,156	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.224797	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0.173135	0	0	8,693,698	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.878234	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0.307028	0	0			95.00
200.00	Subtotal (see instructions)	0	0	36,844,447	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00	Net Charges (line 200 +/- line 201)			36,844,447	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/23/2014 1:57 pm
	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	614,521	50.00
51.00	05100 RECOVERY ROOM	0	110,675	51.00
53.00	05300 ANESTHESIOLOGY	0	53,774	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	948,158	54.00
56.00	05600 RADIOISOTOPE	0	53,274	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,890	59.00
60.00	06000 LABORATORY	0	453,907	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	205,345	63.00
65.00	06500 RESPIRATORY THERAPY	0	33,650	65.00
66.00	06600 PHYSICAL THERAPY	0	211,356	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	38,614	67.00
68.00	06800 SPEECH PATHOLOGY	0	31,376	68.00
69.00	06900 ELECTROCARDIOLOGY	0	144,860	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	294,636	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,600,148	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 ONCOLOGY	0	214,774	76.00
76.01	03021 DIGESTIVE HEALTH	0	55,601	76.01
76.02	03550 OP PSYCH	0	339	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0	1,505,183	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0		95.00
200.00	Subtotal (see instructions)	0	6,594,081	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	6,594,081	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2014 1:57 pm
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)		24,044	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,044	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)		22,690	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)		11,689	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)		20,175,595	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)		20,175,595	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)		20,175,595	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)		839.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,808,357	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)		9,808,357	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/23/2014 1:57 pm
Title XVIII			Hospital		PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	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	4,072,476	2,850	1,428.94	1,473	2,104,829
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)					12,890,481
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,803,667
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,445,952
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,076,752
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,522,704
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,280,963
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
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
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					1,354
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					839.11
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,136,155

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/23/2014 1:57 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,576,942	20,175,595	0.127726	1,136,155	145,117	90.00
91.00	Nursing School cost	0	20,175,595	0.000000	1,136,155	0	91.00
92.00	Allied health cost	0	20,175,595	0.000000	1,136,155	0	92.00
93.00	All other Medical Education	0	20,175,595	0.000000	1,136,155	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14S002		Date/Time Prepared: 5/23/2014 1:57 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,899	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,899	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,899	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,563	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)		2,630,878	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)		2,630,878	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)		2,630,878	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)		907.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,325,948	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,325,948	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1		
		Component CCN: 14S002				Date/Time Prepared: 5/23/2014 1:57 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units								
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)					245,826		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,571,774		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)					241,435		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					21,652		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					263,087		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					2,308,687		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002 Component CCN: 14S002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/23/2014 1:57 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	273,100	2,630,878	0.103806	0	0	90.00
91.00	Nursing School cost	0	2,630,878	0.000000	0	0	91.00
92.00	Allied health cost	0	2,630,878	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,630,878	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 145566		Date/Time Prepared: 5/23/2014 1:57 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,540	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,540	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)		4,540	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,200	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)		2,816,733	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)		2,816,733	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)		2,816,733	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1	
		Component CCN: 145566		Date/Time Prepared: 5/23/2014 1:57 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
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)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				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)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				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				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				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)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				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)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				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)				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)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				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)				2,816,733 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				620.43 71.00
72.00	Program routine service cost (line 9 x line 71)				1,985,376 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				1,985,376 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				1,985,376 83.00
84.00	Program inpatient ancillary services (see instructions)				1,069,992 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				3,055,368 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST				
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002 Component CCN: 145566		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/23/2014 1:57 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/23/2014 1:57 pm
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)		24,044	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,044	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)		22,690	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,540	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<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)		20,175,595	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)		20,175,595	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)		20,175,595	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)		839.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,970,449	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,970,449	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/23/2014 1:57 pm	
Cost Center Description			Title XIX		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	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	4,072,476	2,850	1,428.94	581	830,214	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)				2,068,938	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				5,869,601	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)				455,592	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				182,720	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				638,312	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				5,231,289	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)				1,354	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				839.11	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				1,136,155	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140002		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/23/2014 1:57 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,576,942	20,175,595	0.127726	1,136,155	145,117	90.00
91.00	Nursing School cost	0	20,175,595	0.000000	1,136,155	0	91.00
92.00	Allied health cost	0	20,175,595	0.000000	1,136,155	0	92.00
93.00	All other Medical Education	0	20,175,595	0.000000	1,136,155	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/23/2014 1:57 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		16,730,027		30.00
31.00	03100 INTENSIVE CARE UNIT		3,885,822		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.417088	2,258,325	941,920	50.00
51.00	05100 RECOVERY ROOM	0.236014	324,754	76,646	51.00
53.00	05300 ANESTHESIOLOGY	0.080312	757,387	60,827	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.105180	7,147,430	751,767	54.00
56.00	05600 RADIOISOTOPE	0.200035	414,908	82,996	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.205227	866,088	177,745	59.00
60.00	06000 LABORATORY	0.099957	12,398,530	1,239,320	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.301165	1,320,887	397,805	63.00
65.00	06500 RESPIRATORY THERAPY	0.231901	3,509,097	813,763	65.00
66.00	06600 PHYSICAL THERAPY	0.243008	1,043,424	253,560	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.204543	248,971	50,925	67.00
68.00	06800 SPEECH PATHOLOGY	0.318931	134,844	43,006	68.00
69.00	06900 ELECTROCARDIOLOGY	0.118366	4,541,306	537,536	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253340	4,420,510	1,119,892	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.397720	4,545,010	1,807,641	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245936	14,277,821	3,511,430	73.00
74.00	07400 RENAL DIALYSIS	0.377736	780,234	294,722	74.00
76.00	03020 ONCOLOGY	0.684491	6,760	4,627	76.00
76.01	03021 DIGESTIVE HEALTH	0.152398	455,488	69,415	76.01
76.02	03550 OP PSYCH	0.293138	1,038	304	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.224797	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0.173135	3,258,899	564,229	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.878234	102,939	90,405	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		62,814,650	12,890,481	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)		62,814,650		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14S002		Date/Time Prepared: 5/23/2014 1:57 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		2,636,151		40.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.417088	3,523	1,469	50.00
51.00	05100 RECOVERY ROOM	0.236014	543	128	51.00
53.00	05300 ANESTHESIOLOGY	0.080312	1,135	91	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.105180	184,780	19,435	54.00
56.00	05600 RADIOISOTOPE	0.200035	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.205227	0	0	59.00
60.00	06000 LABORATORY	0.099957	455,746	45,555	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.301165	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.231901	39,174	9,084	65.00
66.00	06600 PHYSICAL THERAPY	0.243008	25,832	6,277	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.204543	3,080	630	67.00
68.00	06800 SPEECH PATHOLOGY	0.318931	6,321	2,016	68.00
69.00	06900 ELECTROCARDIOLOGY	0.118366	78,831	9,331	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253340	41,554	10,527	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.397720	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245936	450,473	110,788	73.00
74.00	07400 RENAL DIALYSIS	0.377736	0	0	74.00
76.00	03020 ONCOLOGY	0.684491	0	0	76.00
76.01	03021 DIGESTIVE HEALTH	0.152398	0	0	76.01
76.02	03550 OP PSYCH	0.293138	2,365	693	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.224797	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0.173135	172,131	29,802	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.878234	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,465,488	245,826	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		1,465,488		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 145566		Date/Time Prepared: 5/23/2014 1:57 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.417088	15,120	6,306 50.00
51.00	05100	RECOVERY ROOM	0.236014	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0.077479	1,135	88 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105180	73,650	7,747 54.00
56.00	05600	RADIOISOTOPE	0.200035	5,983	1,197 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.202145	11,360	2,296 59.00
60.00	06000	LABORATORY	0.099957	629,256	62,899 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.301165	26,572	8,003 63.00
65.00	06500	RESPIRATORY THERAPY	0.231901	152,658	35,402 65.00
66.00	06600	PHYSICAL THERAPY	0.240879	1,100,254	265,028 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.204543	777,314	158,994 67.00
68.00	06800	SPEECH PATHOLOGY	0.318931	31,996	10,205 68.00
69.00	06900	ELECTROCARDIOLOGY	0.117430	77,394	9,088 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253340	297,443	75,354 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.397720	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.245936	1,514,283	372,417 73.00
74.00	07400	RENAL DIALYSIS	0.377736	144,970	54,760 74.00
76.00	03020	ONCOLOGY	0.684491	0	0 76.00
76.01	03021	DIGESTIVE HEALTH	0.152398	1,367	208 76.01
76.02	03550	OP PSYCH	0.293138	0	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.224797	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.173135	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.878234	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		4,860,755	1,069,992 200.00
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)		4,860,755	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/23/2014 1:57 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		4,876,455		30.00
31.00	03100 INTENSIVE CARE UNIT		859,231		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.417088	534,757	223,041	50.00
51.00	05100 RECOVERY ROOM	0.236014	57,585	13,591	51.00
53.00	05300 ANESTHESIOLOGY	0.080312	190,437	15,294	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.105180	1,335,986	140,519	54.00
56.00	05600 RADIOISOTOPE	0.200035	72,298	14,462	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.205227	205,575	42,190	59.00
60.00	06000 LABORATORY	0.099957	2,255,950	225,498	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.301165	502,786	151,422	63.00
65.00	06500 RESPIRATORY THERAPY	0.231901	540,236	125,281	65.00
66.00	06600 PHYSICAL THERAPY	0.243008	62,116	15,095	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.204543	16,014	3,276	67.00
68.00	06800 SPEECH PATHOLOGY	0.318931	7,446	2,375	68.00
69.00	06900 ELECTROCARDIOLOGY	0.118366	363,082	42,977	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253340	805,289	204,012	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.397720	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245936	2,794,659	687,307	73.00
74.00	07400 RENAL DIALYSIS	0.377736	27,451	10,369	74.00
76.00	03020 ONCOLOGY	0.684491	8,146	5,576	76.00
76.01	03021 DIGESTIVE HEALTH	0.152398	55,710	8,490	76.01
76.02	03550 OP PSYCH	0.293138	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.224797	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0.173135	798,009	138,163	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.878234	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		10,633,532	2,068,938	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)		10,633,532		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/23/2014 1:57 pm
		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)		15,686,290	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		5,450,438	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)		135,119	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		4,232,393	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		128.29	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.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<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)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.04	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.23	31.00
32.00	Sum of lines 30 and 31		19.27	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.28	33.00
34.00	Disproportionate share adjustment (see instructions)		900,182	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/23/2014 1:57 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)			0	35.00
35.01	Factor 3 (see instructions)			0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			1,117,706	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			281,723	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		281,723		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)		22,453,752		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)		22,453,752		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,769,316		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			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		24,223,068		59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		24,223,068		61.00
62.00	Deductibles billed to program beneficiaries		2,531,820		62.00
63.00	Coinurance billed to program beneficiaries		17,161		63.00
64.00	Allowable bad debts (see instructions)		927,576		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		602,924		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		694,999		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		22,277,011		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			46,187	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-8,175	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: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/23/2014 1:57 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		22,315,023		71.00
71.01	Sequestration adjustment (see instructions)		336,957		71.01
72.00	Interim payments		21,954,939		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		23,127		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		97,478		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 DSH PAYMENT PERCENTAGE		Provider CCN: 140002		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/23/2014 1:57 pm	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	3.04	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	16.23	0.00			16.23	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	19.27	0.00			16.23	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	128.29	0.00			128.29	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	5.28	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	3.04	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	3,614	0			3,614	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	467	0			467	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	28	0			28	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	12	0			12	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	25	0			25	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	4,146	0			4,146	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	25,540	0			25,540	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	25,540	0			25,540	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	16.23	0.00			16.23	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140002		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH Date/Time Prepared: 5/23/2014 1:57 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	5.28		0.00	True	29.00
30.00	Line 28 or 29 as applicable		5.28		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 5/23/2014 1:57 pm
		Title VIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	3.30		29.00
30.00	Line 28 or 29 as applicable	3.30		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/23/2014 1:57 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		2,297	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,046,756	2.00
3.00	PPS payments		16,496,723	3.00
4.00	Outlier payment (see instructions)		9,235	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,297	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		9,341	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)		9,341	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)		9,341	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		7,044	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)		2,297	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		16,505,958	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)		3,389,418	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)		13,118,837	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)		13,118,837	30.00
31.00	Primary payer payments		1,413	31.00
32.00	Subtotal (line 30 minus line 31)		13,117,424	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)		481,487	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		312,967	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		258,787	36.00
37.00	Subtotal (see instructions)		13,430,391	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)		13,430,391	40.00
40.01	Sequestration adjustment (see instructions)		202,799	40.01
41.00	Interim payments		13,013,515	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		214,077	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
			Overrides	
			1.00	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140002

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/23/2014 1:57 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		21,954,939		12,953,415	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	08/23/2013	60,100	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		60,100	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)		21,954,939		13,013,515	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		23,127		214,077	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		21,978,066		13,227,592	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140002  
Component CCN: 14S002

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/23/2014 1:57 pm  
PPS

Title XVIII

Subprovider -  
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,874,604		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,874,604		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,076		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,875,680		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140002  
Component CCN: 145566

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/23/2014 1:57 pm  
PPS

Title XVIII  
Skilled Nursing Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,045,042		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,045,042		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		299		0	6.02
7.00	Total Medicare program liability (see instructions)		1,044,743		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/23/2014 1:57 pm
		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		7,250	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		13,162	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		2,414	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		25,540	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		415,405,339	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		15,381,437	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		2,039,353	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		2,039,353	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,920,105	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)		119,248	32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/23/2014 1:57 pm
		Component CCN: 14S002	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		2,057,301	1.00
2.00	Net IPF PPS Outlier Payments		31,828	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		7.942466	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$ .		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,089,129	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		2,089,129	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,089,129	18.00
19.00	Deductibles		132,608	19.00
20.00	Subtotal (line 18 minus line 19)		1,956,521	20.00
21.00	Coinsurance		52,084	21.00
22.00	Subtotal (line 20 minus line 21)		1,904,437	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,904,437	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,904,437	31.00
31.01	Sequestration adjustment (see instructions)		28,757	31.01
32.00	Interim payments		1,874,604	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		1,076	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		31,828	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VI Date/Time Prepared: 5/23/2014 1:57 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,159,624	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,159,624	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		98,864	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,060,760	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		1,060,760	15.00
15.01	Sequestration adjustment (see instructions)		16,017	15.01
16.00	Interim payments		1,045,042	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17		-299	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 140002

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

Worksheet G

Date/Time Prepared:  
5/23/2014 1:57 pm

		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	177,125	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	17,300,118	0	0	0	4.00
5.00	Other receivable	1,349,541	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,799,526	0	0	0	7.00
8.00	Prepaid expenses	343,476	0	0	0	8.00
9.00	Other current assets	204,385	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)	21,174,171	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	177,168	0	0	0	12.00
13.00	Land improvements	5,879,311	0	0	0	13.00
14.00	Accumulated depreciation	-4,615,159	0	0	0	14.00
15.00	Buildings	90,798,615	0	0	0	15.00
16.00	Accumulated depreciation	-37,439,475	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	34,985,204	0	0	0	19.00
20.00	Accumulated depreciation	-28,297,478	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	49,022,759	0	0	0	23.00
24.00	Accumulated depreciation	-40,056,924	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	2,543,268	0	0	0	27.00
28.00	Accumulated depreciation	-535,272	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)	72,462,017	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	93,636,188	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	2,417,831	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,261,520	0	0	0	38.00
39.00	Payroll taxes payable	105,450	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	-3,316,673	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	3,468,128	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	272,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	272,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,740,128	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	89,896,060				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)	89,896,060	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	93,636,188	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140002

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

Worksheet G-1

Date/Time Prepared:  
5/23/2014 1:57 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		90,369,381		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-7,794,682			2.00
3.00	Total (sum of line 1 and line 2)		82,574,699		0	3.00
4.00	TRANSFER FROM BJC	6,594,266		0		4.00
5.00	CHANGE IN RESTRICTED ASSETS	727,095		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)		7,321,361		0	10.00
11.00	Subtotal (line 3 plus line 10)		89,896,060		0	11.00
12.00		0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		89,896,060		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	TRANSFER FROM BJC		0			4.00
5.00	CHANGE IN RESTRICTED ASSETS		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			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: 140002

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/23/2014 1:57 pm

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	32,971,447		32,971,447	1.00
2.00	SUBPROVIDER - IPF	2,982,581		2,982,581	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	2,878,751		2,878,751	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	38,832,779		38,832,779	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,185,660		7,185,660	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,185,660		7,185,660	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	46,018,439		46,018,439	17.00
18.00	Ancillary services	121,466,625	237,035,799	358,502,424	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	51,968	12,602,961	12,654,929	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	167,537,032	249,638,760	417,175,792	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		110,261,912		29.00
30.00	CORPORATE OVERHEAD EXPENSES	13,257,719			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)		13,257,719		36.00
37.00	NON OPERATING EXPENSES	997,560			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)		997,560		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		122,522,071		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140002

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

Worksheet G-3

Date/Time Prepared:  
5/23/2014 1:57 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	417,175,792	1.00
2.00	Less contractual allowances and discounts on patients' accounts	305,414,621	2.00
3.00	Net patient revenues (line 1 minus line 2)	111,761,171	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	122,522,071	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,760,900	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	137,497	6.00
7.00	Income from investments	434,975	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	875,139	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	MEDICARE HIT INCOME	1,920,105	24.00
24.01	MEDICAID HIT INCOME	314,710	24.01
24.02	OTHER OPERATING REVENUE	4,807,457	24.02
24.03	ESH AND TWIN RIVERS NET INCOME	1,865,802	24.03
24.04	PHYSICIAN PRACTICE AND MOB NET LOSS	-7,389,467	24.04
25.00	Total other income (sum of lines 6-24)	2,966,218	25.00
26.00	Total (line 5 plus line 25)	-7,794,682	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-7,794,682	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140002	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/23/2014 1:57 pm
		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		1,673,342	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		29,375	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)		69.97	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.04	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.23	8.00
9.00	Sum of lines 7 and 8		19.27	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.98	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		66,599	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,769,316	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