

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: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet S Parts I-III Date/Time Prepared: 2/21/2014 5:09 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/21/2014 Time: 5:09 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 NORTHSHORE UNIVERSITY HEALTHSYSTEM (140010) for the cost reporting period beginning 10/01/2012 and ending 09/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
ECR: Date: 2/21/2014 Time: 5:09 pm
lfQt.e5y1VmSxrvhx4Sx41x0ej Rpb0
cf: Gn05gCy0qF15XyWR9C3qDJ. ZDXy
Rqgr2phk320Eel 5i
PI: Date: 2/21/2014 Time: 5:09 pm
0: ljxxuZbwE2ddxXMEuRUj 1qAmC10
9SbA00mvMODhh0cvGtaGnKGSi CG2Xd
rafS0UvXR20bC5Eq

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

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	3,438,646	764,913	-3,121	0	1.00
2.00 Subprovider - IPF	0	96,697	467		0	2.00
3.00 Subprovider - IRF	0	183,575	-8		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	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	3,718,918	765,372	-3,121	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: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part I Date/Time Prepared: 2/21/2014 5:09 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
Street: 2650 RIDGE AVENUE		PO Box:	Zip Code: 60201	County: COOK
City: EVANSTON		State: IL		

	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	NORTHSHORE UNIVERSITY HEALTHSYSTEM	140010	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	PSYCHIATRY UNIT	14S010	16974	4	10/01/1983	N	P	O	4.00
5.00	Subprovider - IRF	REHABILITATION UNIT	14T010	16974	5	10/01/1983	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	HOME HEALTH	147001	16974		01/01/1966	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	HOSPICE	141522	16974		07/01/1979				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	RENAL DIALYSIS	142300	16974		10/01/1997				18.00
18.01		HPH RENAL DIALYSIS	142336	29404		03/05/2008				18.01
19.00	Other									19.00

						From:	To:
						1.00	2.00

20.00	Cost Reporting Period (mm/dd/yyyy)	10/01/2012	09/30/2013	20.00
21.00	Type of Control (see instructions)	2		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
								1.00
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.	14,800	3,735	0	0	255	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.	166	131	0	0	0		25.00

						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00

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

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	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		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			Y	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			Y	N	0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				N		86.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		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.		1		118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	4,157,865	31,819,483	4,080,000		
		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	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N		
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		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	
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)		N		140.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part I Date/Time Prepared: 2/21/2014 5:09 pm				
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00		
142.00	Street:	PO Box:				142.00		
143.00	City:	State:		Zip Code:		143.00		
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					N	145.00	
						1.00		
						2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00	
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
						1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					Y	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5	EVANSTON HOSPITAL	COOK	IL	60201	16974	2,319.00	166.00
166.01		GLENBROOK HOSPITAL	COOK	IL	60026	16974	883.00	166.01
166.02		HIGHLAND PARK HOSPITAL	LAKE	IL	60035	29404	832.00	166.02
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.50	169.00
						Beginning	Ending	
						1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					10/01/2012	09/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part II Date/Time Prepared: 2/21/2014 5:09 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)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			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.	Y			11.00
		Y/N	Legal Oper.		
		1.00	2.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			Y	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.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part II Date/Time Prepared: 2/21/2014 5:09 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARIA MONET		ABERIN	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHSHORE UNIVERSITY HEALTHSYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 570-5128		MABERIN@NORTHSHORE.ORG	43.00

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

HFS Supplemental Information		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part IX Date/Time Prepared: 2/21/2014 5:09 pm	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
2/21/2014 5:09 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	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	486	177,390	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)		486	177,390	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	59	21,535	0.00	0	8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	31.01	44	16,060	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	31	11,315	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		620	226,300	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	34	12,410		0	16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			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)		676				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)		7	2,555			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: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
2/21/2014 5:09 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)	50,745	7,883	101,156			1.00
2.00 HMO and other (see instructions)	2,417	255				2.00
3.00 HMO IPF Subprovider	97	270				3.00
4.00 HMO IRF Subprovider	84	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)	50,745	7,883	101,156			7.00
8.00 INTENSIVE CARE UNIT	8,345	863	13,936			8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	0	6,869	12,429			8.01
9.00 CORONARY CARE UNIT	4,093	449	5,873			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		2,322	10,135			13.00
14.00 Total (see instructions)	63,183	18,386	143,529	185.65	5,005.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,568	453	10,268	3.90	67.00	16.00
17.00 SUBPROVIDER - IRF	3,359	297	5,488	1.00	28.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	57,316	1,027	73,503	0.00	103.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	33.00	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)				190.55	5,236.00	27.00
28.00 Observation Bed Days		1,112	18,421			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)		148	684			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			46			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
2/21/2014 5:09 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	13,726	2,336	30,292	1.00
2.00 HMO and other (see instructions)			490			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
8.01 INFANT SPECIAL CARE UNIT (ISCU)						8.01
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	13,726	2,336	30,292	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	325	106	1,722	16.00
17.00 SUBPROVIDER - IRF	0.00	0	267	22	446	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						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					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: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet S-3 Part II Date/Time Prepared: 2/21/2014 5:09 pm		
	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)			
	1.00	2.00	3.00	4.00	5.00	6.00			
PART II - WAGE DATA									
SALARIES									
1.00	Total salaries (see instructions)	200.00	442,091,365	0	442,091,365	10,890,404.00	40.59		
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00		
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00		
4.00	Physician-Part A - Administrative		12,694,350	0	12,694,350	72,283.00	175.62		
4.01	Physicians - Part A - Teaching		9,442,423	0	9,442,423	56,173.00	168.10		
5.00	Physician-Part B		7,308,850	0	7,308,850	150,667.00	48.51		
6.00	Non-physician-Part B		0	0	0	0.00	0.00		
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00		
7.01	Contracted interns and residents (in an approved programs)		13,844,153	0	13,844,153	399,942.00	34.62		
8.00	Home office personnel		0	0	0	0.00	0.00		
9.00	SNF	44.00	0	0	0	0.00	0.00		
10.00	Excluded area salaries (see instructions)		46,554,978	-204,275	46,350,703	975,653.00	47.51		
OTHER WAGES & RELATED COSTS									
11.00	Contract labor (see instructions)		17,440,794	0	17,440,794	571,065.00	30.54		
12.00	Contract management and administrative services		2,914,742	0	2,914,742	55,109.00	52.89		
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00		
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00		
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00		
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00		
WAGE-RELATED COSTS									
17.00	Wage-related costs (core) (see instructions)		88,414,861	0	88,414,861		17.00		
18.00	Wage-related costs (other) (see instructions)		0	0	0		18.00		
19.00	Excluded areas		9,649,084	0	9,649,084		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		6,524,502	0	6,524,502		22.00		
22.01	Physician Part A - Teaching		1,065,069	0	1,065,069		22.01		
23.00	Physician Part B		1,501,440	0	1,501,440		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		
OVERHEAD COSTS - DIRECT SALARIES									
26.00	Employee Benefits Department	4.00	8,407,480	0	8,407,480	198,322.00	42.39		
27.00	Administrative & General	5.00	109,009,068	-25,612,118	83,396,950	1,256,319.00	66.38		
28.00	Administrative & General under contract (see inst.)		23,170,784	0	23,170,784	262,546.00	88.25		
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00		
30.00	Operation of Plant	7.00	370,842	0	370,842	7,491.00	49.51		
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00		
32.00	Housekeeping	9.00	0	0	0	0.00	0.00		
33.00	Housekeeping under contract (see instructions)		10,112,795	0	10,112,795	513,029.00	19.71		
34.00	Dietary	10.00	221,513	0	221,513	6,137.00	36.09		
35.00	Dietary under contract (see instructions)		7,179,441	0	7,179,441	340,099.00	21.11		
36.00	Cafeteria	11.00	0	0	0	0.00	0.00		
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00		
38.00	Nursing Administration	13.00	6,034,959	0	6,034,959	146,243.00	41.27		
39.00	Central Services and Supply	14.00	3,089,660	0	3,089,660	170,323.00	18.14		
40.00	Pharmacy	15.00	13,497,481	0	13,497,481	347,616.00	38.83		
41.00	Medical Records & Medical Records Library	16.00	4,013,603	0	4,013,603	153,651.00	26.12		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
2/21/2014 5:09 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on 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	
42.00	Soci al Servi ce	17.00	3,124,443	0	3,124,443	87,573.00	35.68	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: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
2/21/2014 5:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	451,958,959	0	451,958,959	11,399,296.00	39.65	1.00
2.00	Excluded area salaries (see instructions)	46,554,978	-204,275	46,350,703	975,653.00	47.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)	405,403,981	204,275	405,608,256	10,423,643.00	38.91	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,355,536	0	20,355,536	626,174.00	32.51	4.00
5.00	Subtotal wage-related costs (see inst.)	94,939,363	0	94,939,363	0.00	23.41	5.00
6.00	Total (sum of lines 3 thru 5)	520,698,880	204,275	520,903,155	11,049,817.00	47.14	6.00
7.00	Total overhead cost (see instructions)	188,232,069	-25,612,118	162,619,951	3,489,349.00	46.60	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 2/21/2014 5:09 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		19,863,792	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		27,981,803	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		1,875,711	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		61,552,291	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		1,278,950	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)		2,587,080	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,980,881	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		26,918,248	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		582,068	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		-47,251,458	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		3,672,522	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		102,041,888	24.00
Part B - Other than Core Related Cost				
25.00	MALPRACTICE		5,113,067	25.00

WAGE INDEX PENSION COST SCHEDULE		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet S-3 Part IV Exhibit 3 Date/Time Prepared: 2/21/2014 5:09 pm
				1.00
Step 1: Determine the 3-Year Averaging Period				
1.00	Wage Index fiscal year ending.		2017	1.00
		From	To	
		1.00	2.00	
2.00	Provider cost reporting period used for Wage Index year shown on line 1.	10/01/2012	09/30/2013	2.00
3.00	Midpoint of provider's cost reporting period shown on line 2. (adjust response to first of month)	04/01/2013		3.00
4.00	Date beginning the 3-year averaging period. (subtract 18 months from midpoint shown on line 3)	10/01/2011		4.00
5.00	Date ending the of the 3-year averaging period. (add 18 months to midpoint shown on line 3)	09/30/2014		5.00
Step 2: Adjust Averaging Period for a New Plan(See Instructions) (Leave lines 6 through 8 blank if the provider has not elected to use an adjusted averaging period)				
6.00	Effective date of pension plan			6.00
7.00	First day of the provider cost reporting period containing the pension plan effective date.			7.00
8.00	Starting date of the adjusted averaging period. (date on line 7 if first of the month, otherwise to first of the month immediately preceding or following the date in line 7). If this date occurs after the period shown on line 2 (Step 1), stop here and see instructions. No cost is reportable for a period which is excluded from the averaging period.			8.00
Step 3: Average Pension Contribution During the Averaging Period				
9.00	Beginning date of averaging period from line 4 or line 8.	10/01/2011		9.00
10.00	Ending date of averaging period from line 5	09/30/2014		10.00
		Deposit Date	Contributions	
		1.00	2.00	
11.00	Enter provider contributions made during the averaging period shown on lines 9 & 10. Add additional lines as necessary if more than 15 contributions are made during the cost reporting period. (Data may be grouped within the averaging period to agree with documentation records (enter beginning date of grouped date range))			11.00
11.01			31,741,670	11.01
11.02			23,498,474	11.02
11.03			18,800,000	11.03
				1.00
12.00	Total number of months included in the averaging period		36	12.00
13.00	Total contributions made during averaging period		74,040,144	13.00
14.00	Average monthly contribution. (line 13 divided by line 12)		2,056,671	14.00
15.00	Number of months in provider cost reporting period shown on line 2.		12	15.00
16.00	Average pension contributions. (line 14 multiplied by line 15)		24,680,052	16.00
Step 4: Total Pension Cost for Wage Index				
17.00	Annual prefunding installment from line 8 of pension prefunding worksheet, if applicable.		3,301,755	17.00
18.00	Reportable prefunding installment. (line 17 multiplied by line 15 divided by 12)		3,301,755	18.00
19.00	Total Pension Cost for Wage Index. (line 16 plus line 18)		27,981,807	19.00
		Prepared By	Date	
		1.00	2.00	
Prepared By and Date Prepared				
100.00				100.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet S-3 Part V Date/Time Prepared: 2/21/2014 5:09 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		17,440,794	0 1.00
2.00	Hospital		17,440,794	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140010 Component CCN: 147001		Period: From 10/01/2012 To 09/30/2013		Worksheet S-4 Date/Time Prepared: 2/21/2014 5:09 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			COOK COUNTY AND LAKE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	4,097	0	229	4,326	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	3,431.00	115.00	1,801.00	5,347.00	2.00
				Number of Employees (Full Time Equivalent)			
				Staff	Contract	Total	
		Enter the number of hours in your normal work week					
		0	1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.09	0.00	0.09	3.00
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel			35.06	0.00	35.06	5.00
6.00	Direct Nursing Service			43.16	0.00	43.16	6.00
7.00	Nursing Supervisor			2.90	0.00	2.90	7.00
8.00	Physical Therapy Service			24.01	0.00	24.01	8.00
9.00	Physical Therapy Supervisor			1.00	0.00	1.00	9.00
10.00	Occupational Therapy Service			2.15	0.00	2.15	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.36	0.00	0.36	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.08	0.00	2.08	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	DME & MED REC TECHS; PRACTITIONER			1.02	0.00	1.02	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00
20.01				29404			20.01
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	27,041	423	1,126	796	29,386	21.00
22.00	Skilled Nursing Visit Charges	5,599,234	88,620	221,341	163,800	6,072,995	22.00
23.00	Physical Therapy Visits	21,983	55	386	715	23,139	23.00
24.00	Physical Therapy Visit Charges	4,586,611	11,550	76,020	149,100	4,823,281	24.00
25.00	Occupational Therapy Visits	1,926	5	10	71	2,012	25.00
26.00	Occupational Therapy Visit Charges	404,460	1,050	1,890	14,910	422,310	26.00
27.00	Speech Pathology Visits	234	0	1	19	254	27.00
28.00	Speech Pathology Visit Charges	51,935	0	221	4,199	56,355	28.00
29.00	Medical Social Service Visits	479	8	19	24	530	29.00
30.00	Medical Social Service Visit Charges	120,708	2,016	4,788	6,048	133,560	30.00
31.00	Home Health Aide Visits	1,859	70	10	56	1,995	31.00
32.00	Home Health Aide Visit Charges	245,256	9,240	1,188	6,072	261,756	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	53,522	561	1,552	1,681	57,316	33.00
34.00	Other Charges	97,383	1,972	8,874	1,688	109,917	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	11,105,587	114,448	314,322	345,817	11,880,174	35.00
36.00	Total Number of Episodes (standard/non outlier)	3,730		566	130	4,426	36.00
37.00	Total Number of Outlier Episodes		16		7	23	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-5

Date/Time Prepared:
2/21/2014 5:09 pm

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	174	0	0	0	0	59	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	3.00	7.00	2.00	
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	313	0					5.00	
6.00	Number of stations	20	0	0	0			6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	0.76	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N		10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						N		10.02
							Prior to 1/1	After 12/31	
							1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						2	3	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						9		11.00
12.00	Number of patients transplanted during the cost reporting period						3		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
							MCP	INITIAL METHOD	
							1.00	2.00	
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOETIN	221,982	0	190,450	0		22.00	
22.01		ARANESP	512,153	0	154,840	0		22.01	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140010
Component CCN: 141522

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-9
Parts I & II
Date/Time Prepared:
2/21/2014 5:09 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	
2.00	Routine Home Care	28,029	1,500	0	0	3,061	32,590	
3.00	Inpatient Respite Care	60	0	0	0	9	69	
4.00	General Inpatient Care	2,995	319	0	0	287	3,601	
5.00	Total Hospice Days	31,084	1,819	0	0	3,357	36,260	
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	805	69	0	0	103	977	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				
8.00	Average Length of Stay (line 5/line 6)	38.61	26.36	0.00	0.00	32.59	37.11	
9.00	Unduplicated Census Count	796	69	0	0	98	963	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet S-10 Date/Time Prepared: 2/21/2014 5:09 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.304134		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		37,646,896		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?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		200,495,344		6.00
7.00	Medicaid cost (line 1 times line 6)		60,977,451		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)		23,330,555		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		23,330,555		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	49,373,104	5,804,791	55,177,895	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	15,016,040	1,765,434	16,781,474	21.00
22.00	Partial payment by patients approved for charity care	220,960	1,183,450	1,404,410	22.00
23.00	Cost of charity care (line 21 minus line 22)	14,795,080	581,984	15,377,064	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			36,658,269	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			2,227,145	27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)			34,431,124	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			10,471,675	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			25,848,739	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			49,179,294	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet A	
Date/Time Prepared: 2/21/2014 5:09 pm							
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		50,657,626	0	50,657,626	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		39,878,515	0	39,878,515	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,407,480	13,030,246	-52,363	21,385,363	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	109,009,068	144,171,956	-37,447,387	215,733,637	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	370,842	43,103,360	46	43,474,248	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,691,374	0	3,691,374	8.00
9.00	00900	HOUSEKEEPING	0	11,486,447	0	11,486,447	9.00
10.00	01000	DIETARY	221,513	10,954,032	-516	11,175,029	10.00
11.00	01100	CAFETERIA	0	4,365,357	0	4,365,357	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,034,959	2,054,868	-7	8,089,820	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,089,660	7,752,901	-3,999,592	6,842,969	14.00
15.00	01500	PHARMACY	13,497,481	103,593,706	1,816,100	118,907,287	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,013,603	2,201,832	0	6,215,435	16.00
17.00	01700	SOCIAL SERVICE	3,124,443	2,553,884	0	5,678,327	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	30,119,663	20,189,512	-9,008,361	41,300,814	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	1,046,297	333,656	0	1,379,953	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	43,015	23,668	150,580	217,263	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	531,426	198,930	0	730,356	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,966,073	16,560,361	1,973,240	61,499,674	30.00
31.00	03100	INTENSIVE CARE UNIT	11,244,735	4,551,905	-254,093	15,542,547	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	7,367,552	2,567,663	17,991	9,953,206	31.01
32.00	03200	CORONARY CARE UNIT	3,064,252	1,139,164	-7,235	4,196,181	32.00
40.00	04000	SUBPROVIDER - I PF	4,373,777	1,312,770	-52,987	5,633,560	40.00
41.00	04100	SUBPROVIDER - I RF	1,682,269	582,436	-2,167	2,262,538	41.00
43.00	04300	NURSERY	0	0	3,696,528	3,696,528	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,314,614	54,449,717	-43,734,481	26,029,850	50.00
51.00	05100	RECOVERY ROOM	3,039,686	1,027,056	-12,773	4,053,969	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,769,669	3,196,727	-2,860,756	7,105,640	52.00
53.00	05300	ANESTHESIOLOGY	813,119	2,973,259	-829,693	2,956,685	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,322,347	12,657,182	-4,933,155	28,046,374	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,322,877	2,116,941	-90,798	6,349,020	55.00
56.00	05600	RADIOISOTOPE	2,661,605	2,709,620	-73,876	5,297,349	56.00
57.00	05700	CT SCAN	2,813,061	2,357,178	-315,456	4,854,783	57.00
58.00	05800	MRI	3,040,599	2,617,428	-706,240	4,951,787	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,756,260	7,622,696	-6,797,648	2,581,308	59.00
60.00	06000	LABORATORY	17,520,459	24,894,777	-3,045	42,412,191	60.00
60.01	06001	VASCULAR LAB	1,158,688	426,867	-19,570	1,565,985	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,014,711	2,376,504	-1,543,375	1,847,840	63.00
64.00	06400	INTRAVENOUS THERAPY	1,549,956	1,180,343	-359,661	2,370,638	64.00
65.00	06500	RESPIRATORY THERAPY	4,172,534	2,820,657	-29,187	6,964,004	65.00
66.00	06600	PHYSICAL THERAPY	14,659,444	6,385,318	-297,609	20,747,153	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,232,531	693,362	-21,196	2,904,697	67.00
68.00	06800	SPEECH PATHOLOGY	778,423	247,121	-12	1,025,532	68.00
69.00	06900	ELECTROCARDIOLOGY	3,835,382	6,193,829	-4,831,098	5,198,113	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,102,618	481,950	-35	1,584,533	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	17,904,836	17,904,836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	50,289,566	50,289,566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,860,117	3,442,901	0	5,303,018	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,811,248	1,812,607	-8,658	6,615,197	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	571,957	190,414	-649	761,722	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	21,234,395	30,529,106	52,240,295	104,003,796	90.00
91.00	09100	EMERGENCY	15,025,920	5,653,421	-1,849,937	18,829,404	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION	622,843	239,755	-2,525	860,073	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,604,604	5,909,414	0	13,514,018	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		7,667,539	-7,667,539	0	113.00
116.00	11600	HOSPICE	2,580,512	3,876,210	0	6,456,722	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	413,398,287	683,706,068	1,097,104,355	275,502	1,097,379,857	118.00
	NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	0	0	0	0	0	191.00
193.01	19301 NON-ALLOWABLE COST	28,693,078	32,966,734	61,659,812	-275,502	61,384,310	193.01
200.00	TOTAL (SUM OF LINES 118-199)	442,091,365	716,672,802	1,158,764,167	0	1,158,764,167	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	50,657,626	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	39,878,515	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-31,824	21,353,539	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,525,124	207,208,513	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,338,293	42,135,955	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,691,374	8.00
9.00	00900	HOUSEKEEPING	0	11,486,447	9.00
10.00	01000	DIETARY	-132,335	11,042,694	10.00
11.00	01100	CAFETERIA	-3,441,342	924,015	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	8,089,820	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,842,969	14.00
15.00	01500	PHARMACY	-6,435,940	112,471,347	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,215,435	16.00
17.00	01700	SOCIAL SERVICE	0	5,678,327	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-8,105,704	33,195,110	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	1,379,953	23.00
23.01	02301	PARAMED PRGM-MEDICAL TECH	-61,708	155,555	23.01
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	-730,356	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-376,157	61,123,517	30.00
31.00	03100	INTENSIVE CARE UNIT	0	15,542,547	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	9,953,206	31.01
32.00	03200	CORONARY CARE UNIT	0	4,196,181	32.00
40.00	04000	SUBPROVIDER - I PF	-90,403	5,543,157	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,262,538	41.00
43.00	04300	NURSERY	0	3,696,528	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-191,648	25,838,202	50.00
51.00	05100	RECOVERY ROOM	-75	4,053,894	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,105,640	52.00
53.00	05300	ANESTHESIOLOGY	-45,903	2,910,782	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-838,053	27,208,321	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-243,703	6,105,317	55.00
56.00	05600	RADIOISOTOPE	-164,968	5,132,381	56.00
57.00	05700	CT SCAN	0	4,854,783	57.00
58.00	05800	MRI	-6,600	4,945,187	58.00
59.00	05900	CARDIAC CATHETERIZATION	-57,436	2,523,872	59.00
60.00	06000	LABORATORY	-2,633,992	39,778,199	60.00
60.01	06001	VASCULAR LAB	-14,694	1,551,291	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,847,840	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,370,638	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,964,004	65.00
66.00	06600	PHYSICAL THERAPY	-132,289	20,614,864	66.00
67.00	06700	OCCUPATIONAL THERAPY	-194	2,904,503	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,025,532	68.00
69.00	06900	ELECTROCARDIOLOGY	-102,176	5,095,937	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,584,533	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,904,836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	50,289,566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,303,018	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	6,615,197	75.00
76.00	03950	BLANK	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-113,987	647,735	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-4,163,555	99,840,241	90.00
91.00	09100	EMERGENCY	-154,918	18,674,486	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	860,073	92.00
92.01	09201	OBSERVATION	0	860,073	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-94,569	13,419,449	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	6,456,722	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-38,227,946	1,059,151,911	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	27,300,978	27,300,978	191.00
193.01	19301	NON-ALLOWABLE COST	0	61,384,310	193.01
200.00		TOTAL (SUM OF LINES 118-199)	-10,926,968	1,147,837,199	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet Non-CMS W Date/Time Prepared: 2/21/2014 5:09 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMED PRGM-(SPECIFY)	02300		23.00
23.01	PARAMED PRGM-MEDICAL TECH	02301		23.01
23.02	PARAMED PRGM-SCHOOL OF ANESTHESI	02302		23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	03101		31.01
32.00	CORONARY CARE UNIT	03200		32.00
40.00	SUBPROVIDER - I PF	04000		40.00
41.00	SUBPROVIDER - I RF	04100		41.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	VASCULAR LAB	06001		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	BLANK	03950		76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
92.01	OBSERVATION	09201		92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
116.00	HOSPICE	11600		116.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet Non-CMS W Date/Time Prepared: 2/21/2014 5:09 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
191.00	RESEARCH	19100		191.00
193.01	NON-ALLOWABLE COST	19301		193.01
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-6
Date/Time Prepared:
2/21/2014 5:09 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - NURSERY RECLASS						
1.00	NURSERY	43.00	3,326,824	369,704	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		3,326,824	369,704		
B - TRANSPORTATION RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	3,197,339	1.00	
	TOTALS		0	3,197,339		
C - LDRP ROOM CHARGES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,159,732	180,843	1.00	
2.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01	39,931	3,371	2.00	
	TOTALS		1,199,663	184,214		
D - IMPLANT DEVICE RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	50,289,566	1.00	
	TOTALS		0	50,289,566		
E - INTEREST EXPENSE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,667,539	1.00	
	TOTALS		0	7,667,539		
G - PROVIDER BASED RECLASS						
1.00	CLINIC	90.00	34,298,655	20,786,890	1.00	
	TOTALS		34,298,655	20,786,890		
H - TEACHING PHYSICIAN RECLASS (I & R)						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,917,542	425,963	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	
	TOTALS		2,917,542	425,963		
I - ADMIN PHYSICIAN RECLASS (I & R)						
1.00	ADMINISTRATIVE & GENERAL	5.00	8,815,379	1,287,045	1.00	
	TOTALS		8,815,379	1,287,045		
J - GROUP STIPEND RECLASS						
1.00	LABORATORY	60.00	3,983,676	0	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		3,983,676	0		
K - PHARMACY RECLASS						
1.00	PHARMACY	15.00	0	1,687,901	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,719	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	282	3.00	
4.00	OCCUPATIONAL THERAPY	67.00	0	42	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	
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	

RECLASSIFICATIONS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-6

Date/Time Prepared:
2/21/2014 5:09 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	TOTALS		0	1,693,944	
L - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	68,194,402	1.00
2.00	OPERATION OF PLANT	7.00	0	52	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	1,553	3.00
4.00	PHARMACY	15.00	0	128,199	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
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
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	TOTALS		0	68,324,206	
M - PHYSICIAN SALARY RECLASS					
1.00	NON-ALLOWABLE COST	193.01	3,816,908	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		3,816,908	0	
N - PARAMED - MEDICAL TECH EXPENSE					
1.00	PARAMED PRGM-MEDICAL TECH	23.01	117,196	33,384	1.00
2.00		0.00	0	0	2.00
	TOTALS		117,196	33,384	
O - ADVANCED PRACTICE NURSES					
1.00	ADULTS & PEDIATRICS	30.00	363,367	0	1.00
	TOTALS		363,367	0	
500.00	Grand Total: Increases		58,839,210	154,259,794	500.00

RECLASSIFICATIONS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-6
Date/Time Prepared:
2/21/2014 5:09 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	2,215,305	195,577	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,111,519	174,127	0		2.00
	TOTALS		3,326,824	369,704			
B - TRANSPORTATION RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,197,339	0		1.00
	TOTALS		0	3,197,339			
C - LDRP ROOM CHARGES RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,199,663	184,214	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,199,663	184,214			
D - IMPLANT DEVICE RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	50,289,566	0		1.00
	TOTALS		0	50,289,566			
E - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	7,667,539	0		1.00
	TOTALS		0	7,667,539			
G - PROVIDER BASED RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	34,298,655	20,786,890	0		1.00
	TOTALS		34,298,655	20,786,890			
H - TEACHING PHYSICIAN RECLASS (I & R)							
1.00	ADMINISTRATIVE & GENERAL	5.00	70,105	10,235	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	173,190	25,286	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	236,004	34,457	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	78,561	11,470	0		4.00
5.00	RADIOISOTOPE	56.00	57,538	8,401	0		5.00
6.00	LABORATORY	60.00	2,138,826	312,269	0		6.00
7.00	VASCULAR LAB	60.01	16,568	2,419	0		7.00
8.00	PHYSICAL THERAPY	66.00	40,910	5,973	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	5,753	840	0		9.00
10.00	CLINIC	90.00	51,233	7,480	0		10.00
11.00	EMERGENCY	91.00	2,885	421	0		11.00
12.00	SUBPROVIDER - IPF	40.00	45,969	6,712	0		12.00
	TOTALS		2,917,542	425,963			
I - ADMIN PHYSICIAN RECLASS (I & R)							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	8,815,379	1,287,045	0		1.00
	TOTALS		8,815,379	1,287,045			
J - GROUP STIPEND RECLASS							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	103,300	0	0		1.00
2.00	NON-ALLOWABLE COST	193.01	3,729,043	0	0		2.00
3.00	OPERATING ROOM	50.00	151,333	0	0		3.00
	TOTALS		3,983,676	0			
K - PHARMACY RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	51,103	0		1.00
2.00	OPERATION OF PLANT	7.00	0	6	0		2.00
3.00	DIETARY	10.00	0	16	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	244	0		4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	115	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	3,507	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	426	0		7.00
8.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01	0	13,627	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	14	0		9.00
10.00	SUBPROVIDER - IPF	40.00	0	1	0		10.00
11.00	OPERATING ROOM	50.00	0	76,527	0		11.00
12.00	RECOVERY ROOM	51.00	0	4,062	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,975	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	735,674	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	88,018	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	437	0		16.00
17.00	RADIOISOTOPE	56.00	0	7,848	0		17.00
18.00	CT SCAN	57.00	0	205,882	0		18.00
19.00	MRI	58.00	0	180,066	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	23,306	0		20.00
21.00	LABORATORY	60.00	0	15,439	0		21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33,669	0		22.00
23.00	INTRAVENOUS THERAPY	64.00	0	4,923	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	7,453	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	7,350	0		25.00

RECLASSIFICATIONS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-6
Date/Time Prepared:
2/21/2014 5:09 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
26.00	ELECTROCARDIOLOGY	69.00	0	3,972	0	26.00	
27.00	ASC (NON-DISTINCT PART)	75.00	0	1,335	0	27.00	
28.00	CARDIAC REHABILITATION	76.97	0	620	0	28.00	
29.00	CLINIC	90.00	0	181,789	0	29.00	
30.00	EMERGENCY	91.00	0	43,540	0	30.00	
	TOTALS		0	1,693,944			
L - MEDICAL SUPPLIES RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,260	0	1.00	
2.00	DIETARY	10.00	0	500	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	289	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	802,009	0	4.00	
5.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	268	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	315,176	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	253,667	0	7.00	
8.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01	0	11,684	0	8.00	
9.00	CORONARY CARE UNIT	32.00	0	7,221	0	9.00	
10.00	SUBPROVIDER - IPF	40.00	0	305	0	10.00	
11.00	SUBPROVIDER - IRF	41.00	0	2,167	0	11.00	
12.00	OPERATING ROOM	50.00	0	43,506,621	0	12.00	
13.00	RECOVERY ROOM	51.00	0	8,711	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	188,258	0	14.00	
15.00	ANESTHESIOLOGY	53.00	0	94,019	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,574,676	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	330	0	17.00	
18.00	RADIOISOTOPE	56.00	0	89	0	18.00	
19.00	CT SCAN	57.00	0	109,574	0	19.00	
20.00	MRI	58.00	0	526,174	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	6,774,342	0	21.00	
22.00	LABORATORY	60.00	0	1,407,655	0	22.00	
23.00	VASCULAR LAB	60.01	0	583	0	23.00	
24.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,471,658	0	24.00	
25.00	INTRAVENOUS THERAPY	64.00	0	354,738	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	21,734	0	26.00	
27.00	PHYSICAL THERAPY	66.00	0	243,376	0	27.00	
28.00	OCCUPATIONAL THERAPY	67.00	0	21,238	0	28.00	
29.00	SPEECH PATHOLOGY	68.00	0	12	0	29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	4,820,533	0	30.00	
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	35	0	31.00	
32.00	ASC (NON-DISTINCT PART)	75.00	0	7,323	0	32.00	
33.00	CARDIAC REHABILITATION	76.97	0	29	0	33.00	
34.00	CLINIC	90.00	0	2,557,894	0	34.00	
35.00	EMERGENCY	91.00	0	237,533	0	35.00	
36.00	OBSERVATION	92.01	0	2,525	0	36.00	
	TOTALS		0	68,324,206			
M - PHYSICIAN SALARY RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	58,737	0	0	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,145,759	0	0	2.00	
3.00	CLINIC	90.00	46,854	0	0	3.00	
4.00	EMERGENCY	91.00	1,565,558	0	0	4.00	
	TOTALS		3,816,908	0			
N - PARAMED - MEDICAL TECH EXPENSE							
1.00	LABORATORY	60.00	87,587	24,945	0	1.00	
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	29,609	8,439	0	2.00	
	TOTALS		117,196	33,384			
O - ADVANCED PRACTICE NURSES							
1.00	NON-ALLOWABLE COST	193.01	363,367	0	0	1.00	
	TOTALS		363,367	0			
500.00	Grand Total: Decreases		58,839,210	154,259,794		500.00	

RECLASSIFICATIONS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
2/21/2014 5:09 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - NURSERY RECLASS						
1.00 NURSERY	43.00	3,326,824	ADULTS & PEDIATRICS	30.00	2,215,305	1.00
2.00	0.00		DELIVERY ROOM & LABOR ROOM	52.00	1,111,519	2.00
TOTALS		3,326,824	TOTALS		3,326,824	
B - TRANSPORTATION RECLASS						
1.00 ADULTS & PEDIATRICS	30.00		CENTRAL SERVICES & SUPPLY	14.00	0	1.00
TOTALS			TOTALS		0	
C - LDRP ROOM CHARGES RECLASS						
1.00 ADULTS & PEDIATRICS	30.00	1,159,732	DELIVERY ROOM & LABOR ROOM	52.00	1,199,663	1.00
2.00 INFANT SPECIAL CARE UNIT (ISCU)	31.01	39,931		0.00	0	2.00
TOTALS		1,199,663	TOTALS		1,199,663	
D - IMPLANT DEVICE RECLASS						
1.00 IMPL. DEV. CHARGED TO PATIENTS	72.00		MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1.00
TOTALS			TOTALS		0	
E - INTEREST EXPENSE RECLASS						
1.00 ADMINISTRATIVE & GENERAL	5.00		INTEREST EXPENSE	113.00	0	1.00
TOTALS			TOTALS		0	
G - PROVIDER BASED RECLASS						
1.00 CLINIC	90.00	34,298,655	ADMINISTRATIVE & GENERAL	5.00	34,298,655	1.00
TOTALS		34,298,655	TOTALS		34,298,655	
H - TEACHING PHYSICIAN RECLASS (I & R)						
1.00 I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,917,542	ADMINISTRATIVE & GENERAL	5.00	70,105	1.00
2.00	0.00		ADULTS & PEDIATRICS	30.00	173,190	2.00
3.00	0.00		RADIOLOGY-DIAGNOSTIC	54.00	236,004	3.00
4.00	0.00		RADIOLOGY-THERAPEUTIC	55.00	78,561	4.00
5.00	0.00		RADIOISOTOPE	56.00	57,538	5.00
6.00	0.00		LABORATORY	60.00	2,138,826	6.00
7.00	0.00		VASCULAR LAB	60.01	16,568	7.00
8.00	0.00		PHYSICAL THERAPY	66.00	40,910	8.00
9.00	0.00		ELECTROCARDIOLOGY	69.00	5,753	9.00
10.00	0.00		CLINIC	90.00	51,233	10.00
11.00	0.00		EMERGENCY	91.00	2,885	11.00
12.00	0.00		SUBPROVIDER - IPF	40.00	45,969	12.00
TOTALS		2,917,542	TOTALS		2,917,542	
I - ADMIN PHYSICIAN RECLASS (I & R)						
1.00 ADMINISTRATIVE & GENERAL	5.00	8,815,379	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	8,815,379	1.00
TOTALS		8,815,379	TOTALS		8,815,379	
J - GROUP STIPEND RECLASS						
1.00 LABORATORY	60.00	3,983,676	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	103,300	1.00
2.00	0.00		NON-ALLOWABLE COST	193.01	3,729,043	2.00
3.00	0.00		OPERATING ROOM	50.00	151,333	3.00
TOTALS		3,983,676	TOTALS		3,983,676	
K - PHARMACY RECLASS						
1.00 PHARMACY	15.00		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00 ADMINISTRATIVE & GENERAL	5.00		OPERATION OF PLANT	7.00	0	2.00
3.00 NURSING ADMINISTRATION	13.00		DIETARY	10.00	0	3.00
4.00 OCCUPATIONAL THERAPY	67.00		CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00	0.00		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	5.00
6.00	0.00		ADULTS & PEDIATRICS	30.00	0	6.00
7.00	0.00		INTENSIVE CARE UNIT	31.00	0	7.00
8.00	0.00		INFANT SPECIAL CARE UNIT (ISCU)	31.01	0	8.00
9.00	0.00		CORONARY CARE UNIT	32.00	0	9.00
10.00	0.00		SUBPROVIDER - IPF	40.00	0	10.00
11.00	0.00		OPERATING ROOM	50.00	0	11.00
12.00	0.00		RECOVERY ROOM	51.00	0	12.00
13.00	0.00		DELIVERY ROOM & LABOR ROOM	52.00	0	13.00
14.00	0.00		ANESTHESIOLOGY	53.00	0	14.00
15.00	0.00		RADIOLOGY-DIAGNOSTIC	54.00	0	15.00
16.00	0.00		RADIOLOGY-THERAPEUTIC	55.00	0	16.00
17.00	0.00		RADIOISOTOPE	56.00	0	17.00
18.00	0.00		CT SCAN	57.00	0	18.00
19.00	0.00		MRI	58.00	0	19.00
20.00	0.00		CARDIAC CATHETERIZATION	59.00	0	20.00
21.00	0.00		LABORATORY	60.00	0	21.00
22.00	0.00		BLOOD STORING, PROCESSING & TRANS.	63.00	0	22.00
23.00	0.00		INTRAVENOUS THERAPY	64.00	0	23.00

RECLASSIFICATIONS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
2/21/2014 5:09 pm

Increases				Decreases			
Cost Center	Line #	Salary		Cost Center	Line #	Salary	
2.00	3.00	4.00		6.00	7.00	8.00	
24.00	0.00			0 RESPIRATORY THERAPY	65.00	0	24.00
25.00	0.00			0 PHYSICAL THERAPY	66.00	0	25.00
26.00	0.00			0 ELECTROCARDIOLOGY	69.00	0	26.00
27.00	0.00			0 ASC (NON-DISTINCT PART)	75.00	0	27.00
28.00	0.00			0 CARDIAC REHABILITATION	76.97	0	28.00
29.00	0.00			0 CLINIC	90.00	0	29.00
30.00	0.00			0 EMERGENCY	91.00	0	30.00
TOTALS				TOTALS			
L - MEDICAL SUPPLIES RECLASS							
1.00	71.00			0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00	7.00			0 DIETARY	10.00	0	2.00
3.00	5.00			0 NURSING ADMINISTRATION	13.00	0	3.00
4.00	15.00			0 CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00	0.00			0 I&R SERVICES-OTHER PRGM	22.00	0	5.00
				COSTS APPRV			
6.00	0.00			0 ADULTS & PEDIATRICS	30.00	0	6.00
7.00	0.00			0 INTENSIVE CARE UNIT	31.00	0	7.00
8.00	0.00			0 INFANT SPECIAL CARE UNIT	31.01	0	8.00
				(1 SCU)			
9.00	0.00			0 CORONARY CARE UNIT	32.00	0	9.00
10.00	0.00			0 SUBPROVIDER - IPF	40.00	0	10.00
11.00	0.00			0 SUBPROVIDER - IRF	41.00	0	11.00
12.00	0.00			0 OPERATING ROOM	50.00	0	12.00
13.00	0.00			0 RECOVERY ROOM	51.00	0	13.00
14.00	0.00			0 DELIVERY ROOM & LABOR ROOM	52.00	0	14.00
15.00	0.00			0 ANESTHESIOLOGY	53.00	0	15.00
16.00	0.00			0 RADIOLOGY-DIAGNOSTIC	54.00	0	16.00
17.00	0.00			0 RADIOLOGY-THERAPEUTIC	55.00	0	17.00
18.00	0.00			0 RADIOISOTOPE	56.00	0	18.00
19.00	0.00			0 CT SCAN	57.00	0	19.00
20.00	0.00			0 MRI	58.00	0	20.00
21.00	0.00			0 CARDIAC CATHETERIZATION	59.00	0	21.00
22.00	0.00			0 LABORATORY	60.00	0	22.00
23.00	0.00			0 VASCULAR LAB	60.01	0	23.00
24.00	0.00			0 BLOOD STORAGE, PROCESSING &	63.00	0	24.00
				TRANS.			
25.00	0.00			0 INTRAVENOUS THERAPY	64.00	0	25.00
26.00	0.00			0 RESPIRATORY THERAPY	65.00	0	26.00
27.00	0.00			0 PHYSICAL THERAPY	66.00	0	27.00
28.00	0.00			0 OCCUPATIONAL THERAPY	67.00	0	28.00
29.00	0.00			0 SPEECH PATHOLOGY	68.00	0	29.00
30.00	0.00			0 ELECTROCARDIOLOGY	69.00	0	30.00
31.00	0.00			0 ELECTROENCEPHALOGRAPHY	70.00	0	31.00
32.00	0.00			0 ASC (NON-DISTINCT PART)	75.00	0	32.00
33.00	0.00			0 CARDIAC REHABILITATION	76.97	0	33.00
34.00	0.00			0 CLINIC	90.00	0	34.00
35.00	0.00			0 EMERGENCY	91.00	0	35.00
36.00	0.00			0 OBSERVATION	92.01	0	36.00
TOTALS				TOTALS			
M - PHYSICIAN SALARY RECLASS							
1.00	193.01	3,816,908		0 ADMINISTRATIVE & GENERAL	5.00	58,737	1.00
2.00	0.00			0 I&R SERVICES-OTHER PRGM	22.00	2,145,759	2.00
				COSTS APPRV			
3.00	0.00			0 CLINIC	90.00	46,854	3.00
4.00	0.00			0 EMERGENCY	91.00	1,565,558	4.00
TOTALS				TOTALS			
N - PARAMED - MEDICAL TECH EXPENSE							
1.00	23.01	117,196		0 LABORATORY	60.00	87,587	1.00
2.00	0.00			0 BLOOD STORAGE, PROCESSING &	63.00	29,609	2.00
				TRANS.			
TOTALS				TOTALS			
O - ADVANCED PRACTICE NURSES							
1.00	30.00	363,367		0 NON-ALLOWABLE COST	193.01	363,367	1.00
TOTALS				TOTALS			
500.00	Grand Total : Increases		58,839,210	Grand Total : Decreases		58,839,210	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
2/21/2014 5:09 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	30,514,209	4,867,809	0	4,867,809	0 1.00
2.00	Land Improvements	29,693,529	1,877,314	0	1,877,314	0 2.00
3.00	Buildings and Fixtures	1,111,547,266	-6,431,675	0	-6,431,675	4,328 3.00
4.00	Building Improvements	53,516,527	11,138,555	0	11,138,555	1,839,821 4.00
5.00	Fixed Equipment	396,312,684	22,405,088	0	22,405,088	7,492,314 5.00
6.00	Movable Equipment	0	0	0	0	0 6.00
7.00	HIT designated Assets	58,780,765	1,449,195	0	1,449,195	0 7.00
8.00	Subtotal (sum of lines 1-7)	1,680,364,980	35,306,286	0	35,306,286	9,336,463 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	1,680,364,980	35,306,286	0	35,306,286	9,336,463 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	35,382,018	0			1.00
2.00	Land Improvements	31,570,843	4,015,569			2.00
3.00	Buildings and Fixtures	1,105,111,263	159,843,129			3.00
4.00	Building Improvements	62,815,261	12,403,091			4.00
5.00	Fixed Equipment	411,225,458	213,100,358			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	60,229,960	48,623,127			7.00
8.00	Subtotal (sum of lines 1-7)	1,706,334,803	437,985,274			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	1,706,334,803	437,985,274			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
2/21/2014 5:09 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	CAP REL COSTS-BLDG & FIXT	50,657,626	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	39,878,515	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	90,536,141	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	50,657,626				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	39,878,515				2.00
3.00	Total (sum of lines 1-2)	0	90,536,141				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
2/21/2014 5:09 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	CAP REL COSTS-BLDG & FIXT	1,234,879,386	0	1,234,879,386	0.723703	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	471,455,417	0	471,455,417	0.276297	0	2.00
3.00	Total (sum of lines 1-2)	1,706,334,803	0	1,706,334,803	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	CAP REL COSTS-BLDG & FIXT	0	0	0	50,657,626	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	39,878,515	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	90,536,141	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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	50,657,626	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	39,878,515	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	90,536,141	3.00

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8
Date/Time Prepared:
2/21/2014 5:09 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 - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-164,170		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,985,904				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		0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 PHYSICIAN ASSISTANT SALARY	A	-6,172,796		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.00

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8
Date/Time Prepared:
2/21/2014 5:09 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	
33.01	PHYSICIAN ASSISTANT SALARY	A	-585	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0 33.01
33.02	PHYSICIAN ASSISTANT SALARY	A	-356	ADULTS & PEDIATRICS	30.00	0 33.02
33.03	PHYSICIAN ASSISTANT SALARY	A	-182,433	OPERATING ROOM	50.00	0 33.03
33.04	PHYSICIAN ASSISTANT SALARY	A	-291,217	RADIOLOGY-DIAGNOSTIC	54.00	0 33.04
33.05	PHYSICIAN ASSISTANT SALARY	A	-57,436	CARDIAC CATHETERIZATION	59.00	0 33.05
33.06	PHYSICIAN ASSISTANT SALARY	A	-57,436	ELECTROCARDIOLOGY	69.00	0 33.06
33.07	PHYSICIAN ASSISTANT SALARY	A	-512,420	CLINIC	90.00	0 33.07
33.08	PHYSICIAN ASSISTANT SALARY	A	-34,171	EMERGENCY	91.00	0 33.08
36.00	LOBBYING DUES EXPENSE	A	-83,548	ADMINISTRATIVE & GENERAL	5.00	0 36.00
39.00	RESEARCH INSTITUTE EXPENSE	A	27,300,978	RESEARCH	191.00	0 39.00
40.00	TUITION REVENUE OFFSET	B	-61,708	PARAMED ED PRGM-MEDICAL TECH	23.01	0 40.00
40.01	TUITION REVENUE OFFSET	B	-729,771	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0 40.01
40.02	TUITION REVENUE OFFSET	B	-82,227	EMERGENCY	91.00	0 40.02
40.03	TUITION REVENUE OFFSET	B	-9,000	CLINIC	90.00	0 40.03
40.04	TUITION REVENUE OFFSET	B	-45,903	ANESTHESIOLOGY	53.00	0 40.04
41.00	MISCELLANEOUS REVENUE OFFSET	B	-564,483	ADMINISTRATIVE & GENERAL	5.00	0 41.00
41.01	MISCELLANEOUS REVENUE OFFSET	B	-470	DIETARY	10.00	0 41.01
41.02	MISCELLANEOUS REVENUE OFFSET	B	-177,286	ADULTS & PEDIATRICS	30.00	0 41.02
41.03	MISCELLANEOUS REVENUE OFFSET	B	-18,613	SUBPROVIDER - IPF	40.00	0 41.03
41.04	MISCELLANEOUS REVENUE OFFSET	B	-6,600	MRI	58.00	0 41.04
41.05	MISCELLANEOUS REVENUE OFFSET	B	-91,983	PHYSICAL THERAPY	66.00	0 41.05
41.06	MISCELLANEOUS REVENUE OFFSET	B	-194	OCCUPATIONAL THERAPY	67.00	0 41.06
41.07	MISCELLANEOUS REVENUE OFFSET	B	-25,675	ELECTROCARDIOLOGY	69.00	0 41.07
41.08	MISCELLANEOUS REVENUE OFFSET	B	-110,987	CARDIAC REHABILITATION	76.97	0 41.08
41.09	MISCELLANEOUS REVENUE OFFSET	B	-2,177,282	CLINIC	90.00	0 41.09
41.12	MISCELLANEOUS REVENUE OFFSET	B	-36,710	EMERGENCY	91.00	0 41.12
42.00	NON-ALLOWABLE CORPORATE EXPENSE	A	-10,626	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 42.00
42.01	NON-ALLOWABLE CORPORATE EXPENSE	A	-7,461,575	ADMINISTRATIVE & GENERAL	5.00	0 42.01
42.02	NON-ALLOWABLE CORPORATE EXPENSE	A	-207,344	PHARMACY	15.00	0 42.02
42.03	NON-ALLOWABLE CORPORATE EXPENSE	A	-4,968	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 42.03
42.04	NON-ALLOWABLE CORPORATE EXPENSE	A	-5,444	ADULTS & PEDIATRICS	30.00	0 42.04
42.05	NON-ALLOWABLE CORPORATE EXPENSE	A	-3,512	RADIOLOGY-THERAPEUTIC	55.00	0 42.05
42.06	NON-ALLOWABLE CORPORATE EXPENSE	A	-1,045	LABORATORY	60.00	0 42.06
42.07	NON-ALLOWABLE CORPORATE EXPENSE	A	-3,000	CARDIAC REHABILITATION	76.97	0 42.07
42.08	NON-ALLOWABLE CORPORATE EXPENSE	A	-1,420,848	CLINIC	90.00	0 42.08
44.01	CAFETERIA & DIETARY OFFSET	B	-3,441,342	CAFETERIA	11.00	0 44.01
44.02	CAFETERIA & DIETARY OFFSET	B	-131,240	DIETARY	10.00	0 44.02
44.03	NON-ALLOWABLE CORPORATE EXPENSE	A	-307	HOME HEALTH AGENCY	101.00	0 44.03
44.04	NON-ALLOWABLE CORPORATE EXPENSE	A	-1,233	RADIOLOGY-DIAGNOSTIC	54.00	0 44.04
46.00	NON-ALLOWABLE CORPORATE EXPENSE	A	-75	RECOVERY ROOM	51.00	0 46.00
47.00	NON-ALLOWABLE CORPORATE EXPENSE	A	-9,215	OPERATING ROOM	50.00	0 47.00
48.00	NON-ALLOWABLE CORPORATE EXPENSE	A	-720	SUBPROVIDER - IPF	40.00	0 48.00
48.01	NON-ALLOWABLE CORPORATE EXPENSE	A	-625	DIETARY	10.00	0 48.01
48.02	MISCELLANEOUS REVENUE OFFSET	B	-1,338,293	OPERATION OF PLANT	7.00	0 48.02
48.03	MISCELLANEOUS REVENUE OFFSET	B	-6,228,596	PHARMACY	15.00	0 48.03
48.04	MISCELLANEOUS REVENUE OFFSET	B	-1,927,940	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 48.04
48.05	MISCELLANEOUS REVENUE OFFSET	B	-80,234	RADIOLOGY-DIAGNOSTIC	54.00	0 48.05
48.06	MISCELLANEOUS REVENUE OFFSET	B	-68,640	RADIOLOGY-THERAPEUTIC	55.00	0 48.06
48.07	MISCELLANEOUS REVENUE OFFSET	B	-105,498	LABORATORY	60.00	0 48.07
48.08	MISCELLANEOUS REVENUE OFFSET	B	-94,262	HOME HEALTH AGENCY	101.00	0 48.08

Provider CCN: 140010

Period:
 From 10/01/2012
 To 09/30/2013

Worksheet A-8

Date/Time Prepared:
 2/21/2014 5:09 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	4.00	5.00	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,926,968				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8-2

Date/Time Prepared:
2/21/2014 5:09 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	4.00 EMPLOYEE BENEFITS DEPARTMENT	57,343	0	57,343	165,600	454	1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	860	0	860	200,300	6	2.00
3.00	5.00 ADMINISTRATIVE & GENERAL	520,514	0	520,514	165,600	3,460	3.00
4.00	5.00 ADMINISTRATIVE & GENERAL	1,289	0	1,289	177,200	9	4.00
5.00	5.00 ADMINISTRATIVE & GENERAL	10,315	0	10,315	196,400	51	5.00
6.00	30.00 ADULTS & PEDIATRICS	349,797	0	349,797	165,600	2,463	6.00
7.00	30.00 ADULTS & PEDIATRICS	39,334	0	39,334	138,700	265	7.00
8.00	30.00 ADULTS & PEDIATRICS	44,472	0	44,472	140,600	396	8.00
9.00	40.00 SUBPROVIDER - IPF	140,860	0	140,860	154,100	942	9.00
10.00	54.00 RADIOLOGY-DIAGNOSTIC	806,352	0	806,352	225,300	3,148	10.00
11.00	55.00 RADIOLOGY-THERAPEUTIC	255,497	0	255,497	225,300	775	11.00
12.00	56.00 RADIOISOTOPE	215,487	0	215,487	177,200	593	12.00
13.00	60.00 LABORATORY	515,700	0	515,700	165,600	2,080	13.00
14.00	60.00 LABORATORY	4,565,293	0	4,565,293	215,700	23,027	14.00
15.00	60.01 VASCULAR LAB	22,794	0	22,794	208,000	81	15.00
16.00	66.00 PHYSICAL THERAPY	83,243	0	83,243	177,200	504	16.00
17.00	69.00 ELECTROCARDIOLOGY	28,539	0	28,539	165,600	119	17.00
18.00	90.00 CLINIC	32,044	0	32,044	140,600	292	18.00
19.00	90.00 CLINIC	93,561	0	93,561	154,100	835	19.00
20.00	91.00 EMERGENCY	5,510	0	5,510	208,000	37	20.00
200.00		7,788,804	0	7,788,804		39,537	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	4.00 EMPLOYEE BENEFITS DEPARTMENT	36,145	1,807	0	0	0	1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	578	29	0	0	0	2.00
3.00	5.00 ADMINISTRATIVE & GENERAL	275,469	13,773	0	0	0	3.00
4.00	5.00 ADMINISTRATIVE & GENERAL	767	38	0	0	0	4.00
5.00	5.00 ADMINISTRATIVE & GENERAL	4,816	241	0	0	0	5.00
6.00	30.00 ADULTS & PEDIATRICS	196,093	9,805	0	0	0	6.00
7.00	30.00 ADULTS & PEDIATRICS	17,671	884	0	0	0	7.00
8.00	30.00 ADULTS & PEDIATRICS	26,768	1,338	0	0	0	8.00
9.00	40.00 SUBPROVIDER - IPF	69,790	3,490	0	0	0	9.00
10.00	54.00 RADIOLOGY-DIAGNOSTIC	340,983	17,049	0	0	0	10.00
11.00	55.00 RADIOLOGY-THERAPEUTIC	83,946	4,197	0	0	0	11.00
12.00	56.00 RADIOISOTOPE	50,519	2,526	0	0	0	12.00
13.00	60.00 LABORATORY	165,600	8,280	0	0	0	13.00
14.00	60.00 LABORATORY	2,387,944	119,397	0	0	0	14.00
15.00	60.01 VASCULAR LAB	8,100	405	0	0	0	15.00
16.00	66.00 PHYSICAL THERAPY	42,937	2,147	0	0	0	16.00
17.00	69.00 ELECTROCARDIOLOGY	9,474	474	0	0	0	17.00
18.00	90.00 CLINIC	19,738	987	0	0	0	18.00
19.00	90.00 CLINIC	61,862	3,093	0	0	0	19.00
20.00	91.00 EMERGENCY	3,700	185	0	0	0	20.00
200.00		3,802,900	190,145	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	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	36,145	21,198	21,198		1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	0	578	282	282		2.00
3.00	5.00 ADMINISTRATIVE & GENERAL	0	275,469	245,045	245,045		3.00
4.00	5.00 ADMINISTRATIVE & GENERAL	0	767	522	522		4.00
5.00	5.00 ADMINISTRATIVE & GENERAL	0	4,816	5,499	5,499		5.00
6.00	30.00 ADULTS & PEDIATRICS	0	196,093	153,704	153,704		6.00
7.00	30.00 ADULTS & PEDIATRICS	0	17,671	21,663	21,663		7.00
8.00	30.00 ADULTS & PEDIATRICS	0	26,768	17,704	17,704		8.00
9.00	40.00 SUBPROVIDER - IPF	0	69,790	71,070	71,070		9.00
10.00	54.00 RADIOLOGY-DIAGNOSTIC	0	340,983	465,369	465,369		10.00
11.00	55.00 RADIOLOGY-THERAPEUTIC	0	83,946	171,551	171,551		11.00
12.00	56.00 RADIOISOTOPE	0	50,519	164,968	164,968		12.00
13.00	60.00 LABORATORY	0	165,600	350,100	350,100		13.00
14.00	60.00 LABORATORY	0	2,387,944	2,177,349	2,177,349		14.00
15.00	60.01 VASCULAR LAB	0	8,100	14,694	14,694		15.00
16.00	66.00 PHYSICAL THERAPY	0	42,937	40,306	40,306		16.00
17.00	69.00 ELECTROCARDIOLOGY	0	9,474	19,065	19,065		17.00
18.00	90.00 CLINIC	0	19,738	12,306	12,306		18.00
19.00	90.00 CLINIC	0	61,862	31,699	31,699		19.00
20.00	91.00 EMERGENCY	0	3,700	1,810	1,810		20.00
200.00		0	3,802,900	3,985,904	3,985,904		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	50,657,626	50,657,626			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	39,878,515		39,878,515		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	21,353,539	497,476	3,678	21,854,693	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	207,208,513	14,266,750	16,636,585	4,202,680	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	42,135,955	14,223,419	218,080	18,688	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,691,374	85,946	0	0	8.00
9.00 00900	HOUSEKEEPING	11,486,447	305,390	49,001	0	9.00
10.00 01000	DIETARY	11,042,694	520,185	87,847	11,163	10.00
11.00 01100	CAFETERIA	924,015	391,767	18,768	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	8,089,820	87,555	35,028	304,120	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,842,969	0	0	155,697	14.00
15.00 01500	PHARMACY	112,471,347	0	0	680,179	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,215,435	219,986	9,026	202,257	16.00
17.00 01700	SOCIAL SERVICE	5,678,327	62,298	0	157,450	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	33,195,110	714,324	100,680	1,107,274	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	1,379,953	4,459	0	52,726	23.00
23.01 02301	PARAMED ED PRGM-MEDICAL TECH	155,555	13,345	0	8,074	23.01
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	1,274	0	26,780	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	61,123,517	2,623,472	1,383,793	2,121,579	30.00
31.00 03100	INTENSIVE CARE UNIT	15,542,547	537,527	776,852	566,656	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	9,953,206	156,605	311,821	373,285	31.01
32.00 03200	CORONARY CARE UNIT	4,196,181	189,283	2,293	154,417	32.00
40.00 04000	SUBPROVIDER - IPF	5,543,157	276,805	10,002	218,091	40.00
41.00 04100	SUBPROVIDER - IRF	2,262,538	135,297	10,570	84,775	41.00
43.00 04300	NURSERY	3,696,528	41,755	0	167,649	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,838,202	1,210,574	4,535,694	764,123	50.00
51.00 05100	RECOVERY ROOM	4,053,894	160,904	97,838	153,179	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,105,640	564,535	275,833	224,677	52.00
53.00 05300	ANESTHESIOLOGY	2,910,782	61,024	441,553	40,976	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	27,208,321	1,250,226	3,151,195	1,012,211	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	6,105,317	326,125	1,588,264	213,884	55.00
56.00 05600	RADIOISOTOPE	5,132,381	189,426	667,276	131,227	56.00
57.00 05700	CT SCAN	4,854,783	104,785	1,049,658	141,759	57.00
58.00 05800	MRI	4,945,187	282,905	3,333,550	153,225	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,523,872	243,029	664,311	88,503	59.00
60.00 06000	LABORATORY	39,778,199	791,894	610,153	971,462	60.00
60.01 06001	VASCULAR LAB	1,551,291	35,496	257,053	57,555	60.01
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	1,847,840	43,793	19,492	49,642	63.00
64.00 06400	INTRAVENOUS THERAPY	2,370,638	10,383	5,122	78,107	64.00
65.00 06500	RESPIRATORY THERAPY	6,964,004	73,748	151,568	210,267	65.00
66.00 06600	PHYSICAL THERAPY	20,614,864	425,718	128,067	736,672	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,904,503	49,208	5,864	112,504	67.00
68.00 06800	SPEECH PATHOLOGY	1,025,532	30,703	690	39,227	68.00
69.00 06900	ELECTROCARDIOLOGY	5,095,937	205,112	267,703	192,986	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,584,533	70,706	114,287	55,564	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,904,836	178,135	84,099	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	50,289,566	282,156	133,211	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	229,747	82,209	0	73.00
74.00 07400	RENAL DIALYSIS	5,303,018	166,351	62,379	93,737	74.00
75.00 07500	ASC (NON-DISTINCT PART)	6,615,197	469,034	25,451	242,453	75.00
76.00 03950	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	647,735	85,994	22,666	28,823	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	99,840,241	2,935,376	1,317,951	2,793,534	90.00
91.00 09100	EMERGENCY	18,674,486	809,905	246,488	678,163	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION	860,073	139,119	0	31,387	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	13,419,449	144,996	11,578	383,219	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPI CE	6,456,722	64,591	2,911	130,040	6,654,264
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,059,151,911	46,990,616	39,008,138	20,422,646	1,053,182,477
NONREIMBURSABLE COST CENTERS						
191.00	19100 RESEARCH	27,300,978	443,984	576,801	0	28,321,763
193.01	19301 NON-ALLOWABLE COST	61,384,310	3,223,026	293,576	1,432,047	66,332,959
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	1,147,837,199	50,657,626	39,878,515	21,854,693	1,147,837,199

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet B Part I Date/Time Prepared: 2/21/2014 5:09 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	242,314,528				5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	15,145,411	0	71,741,553		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,010,830	0	284,537	5,072,687	8.00	
9.00	00900	HOUSEKEEPING	3,168,667	0	1,011,038	38,522	16,059,065	9.00
10.00	01000	DIETARY	3,120,780	0	1,722,145	9,593	392,585	10.00
11.00	01100	CAFETERIA	357,132	0	1,296,999	0	295,668	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,279,064	0	289,862	0	66,078	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,872,878	0	0	0	0	14.00
15.00	01500	PHARMACY	30,279,557	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,778,691	0	728,294	0	166,024	16.00
17.00	01700	SOCIAL SERVICE	1,578,354	0	206,246	0	47,016	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,397,589	0	2,364,872	0	539,103	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	384,585	0	14,762	0	3,365	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	47,359	0	44,181	0	10,072	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	4,218	0	961	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,997,068	0	8,685,378	1,462,129	1,979,943	30.00
31.00	03100	INTENSIVE CARE UNIT	4,662,638	0	1,779,558	182,616	405,673	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	2,888,774	0	518,462	55,809	118,190	31.01
32.00	03200	CORONARY CARE UNIT	1,215,508	0	626,647	207,248	142,852	32.00
40.00	04000	SUBPROVIDER - IPF	1,618,490	0	916,404	110,669	208,906	40.00
41.00	04100	SUBPROVIDER - IRF	667,187	0	447,921	42,519	102,109	41.00
43.00	04300	NURSERY	1,045,247	0	138,236	0	31,513	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,656,645	0	4,007,776	260,060	913,624	50.00
51.00	05100	RECOVERY ROOM	1,195,074	0	532,697	156,535	121,435	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,186,516	0	1,868,974	175,372	426,057	52.00
53.00	05300	ANESTHESIOLOGY	924,397	0	202,028	0	46,055	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,729,798	0	4,139,052	287,540	943,550	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,203,350	0	1,079,682	158,934	246,127	55.00
56.00	05600	RADIOISOTOPE	1,637,826	0	627,121	131,554	142,960	56.00
57.00	05700	CT SCAN	1,646,034	0	346,907	15,738	79,082	57.00
58.00	05800	MRI	2,332,142	0	936,596	58,307	213,509	58.00
59.00	05900	CARDIAC CATHETERIZATION	941,893	0	804,581	113,367	183,415	59.00
60.00	06000	LABORATORY	11,280,008	0	2,621,678	41,869	597,645	60.00
60.01	06001	VASCULAR LAB	508,823	0	117,516	73,047	26,789	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	524,711	0	144,984	20,935	33,051	63.00
64.00	06400	INTRAVENOUS THERAPY	659,446	0	34,374	2,348	7,836	64.00
65.00	06500	RESPIRATORY THERAPY	1,980,166	0	244,153	0	55,658	65.00
66.00	06600	PHYSICAL THERAPY	5,861,973	0	1,409,401	56,609	321,291	66.00
67.00	06700	OCCUPATIONAL THERAPY	822,104	0	162,909	68,300	37,137	67.00
68.00	06800	SPEECH PATHOLOGY	293,336	0	101,647	0	23,172	68.00
69.00	06900	ELECTROCARDIOLOGY	1,541,870	0	679,052	90,034	154,799	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	488,403	0	234,083	60,006	53,362	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,861,599	0	589,742	39,221	134,439	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,568,894	0	934,118	62,105	212,944	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,481	0	760,612	0	173,391	73.00
74.00	07400	RENAL DIALYSIS	1,505,408	0	550,728	112,068	125,545	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,967,468	0	1,552,804	194,308	353,982	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	210,128	0	284,696	43,468	64,900	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	28,603,523	0	9,717,979	479,349	2,215,338	90.00
91.00	09100	EMERGENCY	5,461,562	0	2,681,305	262,508	611,238	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION	275,788	0	460,574	0	104,994	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,735,563	0	480,028	0	109,429	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,780,714	0	213,838	0	48,747	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	216,984,452	0	59,601,395	5,072,687	13,291,559	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	7,579,045	0	1,469,873	0	335,076	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
193.01	19301	NON-ALLOWABLE COST	17,751,031	0	10,670,285	0	2,432,430	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	242,314,528	0	71,741,553	5,072,687	16,059,065	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet B Part I Date/Time Prepared: 2/21/2014 5:09 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	16,906,992					10.00
11.00	01100	CAFETERIA	0	3,284,349				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	52,386	0	11,203,913		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	8,871,544	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	55,040	0	8,374	0	16.00
17.00	01700	SOCIAL SERVICE	0	31,370	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	109	131,028	0	92,110	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	11,364	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	1,676	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	3,004	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,548,102	541,191	0	3,441,557	0	30.00
31.00	03100	INTENSIVE CARE UNIT	903,870	113,788	0	996,462	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	24,667	69,643	0	703,385	0	31.01
32.00	03200	CORONARY CARE UNIT	678,072	35,924	0	242,835	0	32.00
40.00	04000	SUBPROVIDER - I PF	1,064,975	50,008	0	209,341	0	40.00
41.00	04100	SUBPROVIDER - I RF	507,251	20,769	0	117,231	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	275,049	148,314	0	912,725	0	50.00
51.00	05100	RECOVERY ROOM	0	24,603	0	259,582	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	740,349	69,913	0	602,901	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,242	0	25,121	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	133,889	230,148	0	209,341	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,424	31,495	0	33,495	0	55.00
56.00	05600	RADIOISOTOPE	13,812	23,369	0	0	0	56.00
57.00	05700	CT SCAN	6,893	26,137	0	0	0	57.00
58.00	05800	MRI	0	28,767	0	16,747	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,565	15,607	0	100,484	0	59.00
60.00	06000	LABORATORY	48,953	221,123	0	16,747	0	60.00
60.01	06001	VASCULAR LAB	0	10,951	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,029	11,185	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	12,910	0	142,352	0	64.00
65.00	06500	RESPIRATORY THERAPY	407	48,982	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	434	157,838	0	8,374	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	22,588	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,089	7,743	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,455	41,394	0	117,231	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,333	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	23,612	0	0	2,318,999	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,400	0	0	6,513,435	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	124,520	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	56,850	20,384	0	92,110	2,495	74.00
75.00	07500	ASC (NON-DISTINCT PART)	311,276	45,915	0	385,187	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	380	5,779	0	33,495	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	952,361	246,955	0	1,029,956	0	90.00
91.00	09100	EMERGENCY	364,896	149,658	0	837,363	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION	187,835	8,416	0	50,242	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	76,998	0	360,066	25,978	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	24,448	0	117,231	10,637	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,906,992	3,036,918	0	11,162,045	8,871,544	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	90,155	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	157,276	0	41,868	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	16,906,992	3,284,349	0	11,203,913	8,871,544	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet B Part I Date/Time Prepared: 2/21/2014 5:09 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	143,431,083				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,383,127			16.00
17.00	01700	SOCIAL SERVICE	0	0	7,761,061		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	160	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,865	685,115	3,608,028	0	30.00
31.00	03100	INTENSIVE CARE UNIT	591	158,638	515,433	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	18,905	137,089	0	0	31.01
32.00	03200	CORONARY CARE UNIT	19	36,615	285,801	0	32.00
40.00	04000	SUBPROVIDER - I PF	1	56,903	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	23,879	257,716	0	41.00
43.00	04300	NURSERY	0	22,650	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	106,167	728,060	0	0	50.00
51.00	05100	RECOVERY ROOM	5,635	139,098	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,127	128,875	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,020,612	103,665	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	122,109	599,734	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	606	221,109	6,608	0	55.00
56.00	05600	RADIOISOTOPE	10,888	144,706	0	0	56.00
57.00	05700	CT SCAN	285,623	571,464	0	0	57.00
58.00	05800	MRI	249,808	421,101	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,333	167,142	0	0	59.00
60.00	06000	LABORATORY	21,419	1,010,627	0	0	60.00
60.01	06001	VASCULAR LAB	0	69,520	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,710	30,920	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	6,830	17,847	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,340	116,651	0	0	65.00
66.00	06600	PHYSICAL THERAPY	10,197	201,148	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	33,845	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,531	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,510	309,928	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,160	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	130	304,743	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	208	481,856	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	138,179,796	1,037,936	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,226,665	52,629	350,230	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,852	45,440	8,591	0	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	860	5,886	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	252,199	625,513	974,696	0	90.00
91.00	09100	EMERGENCY	60,404	543,665	35,849	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION	0	14,402	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	1,088,494	61,577	343,622	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	625,517	33,460	1,374,487	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	143,399,580	9,383,127	7,761,061	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	18,895	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	12,608	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	143,431,083	9,383,127	7,761,061	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED PRGM-MEDICAL TECH	PARAMED PRGM-SCHOOL OF ANESTHESIA	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	47,642,359			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	1,851,214		23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH	0	0	0	280,262	23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESIA	0	0	0	0	36,237
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESIA	0	0	0	0	36,237
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	26,876,256	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	302,287	0	0	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	0	968,804	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	247,776	0	0	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	7,064,092	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	2,403,427	0	0	36,237
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,719,565	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	490,596	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	2,874,201	0	280,262	60.00
60.01 06001	VASCULAR LAB	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	443,519	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	1,851,214	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	735,895	0	0	90.00
91.00 09100	EMERGENCY	0	3,515,941	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	0	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

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Part I
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESIA			
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00						
118.00	SUBTOTALS (SUM OF LINES 1-117)		23.00	23.01	23.02	118.00		
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	191.00		
193.01	19301	NON-ALLOWABLE COST	0	0	0	193.01		
200.00		Cross Foot Adjustments	0	0	0	200.00		
201.00		Negative Cost Centers	0	0	0	201.00		
202.00		TOTAL (sum lines 118-201)	0	47,642,359	1,851,214	280,262	36,237	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

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Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	143,081,993	-26,876,256	116,205,737	30.00
31.00	03100	27,142,849	0	27,142,849	31.00
31.01	03101	15,632,128	-302,287	15,329,841	31.01
32.00	03200	8,013,695	0	8,013,695	32.00
40.00	04000	11,252,556	-968,804	10,283,752	40.00
41.00	04100	4,927,538	-247,776	4,679,762	41.00
43.00	04300	5,143,578	0	5,143,578	43.00
44.00	04400	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	55,421,105	-7,064,092	48,357,013	50.00
51.00	05100	6,900,474	0	6,900,474	51.00
52.00	05200	14,373,769	0	14,373,769	52.00
53.00	05300	8,227,119	-2,403,427	5,823,692	53.00
54.00	05400	49,736,679	-1,719,565	48,017,114	54.00
55.00	05500	12,717,016	-490,596	12,226,420	55.00
56.00	05600	8,852,546	0	8,852,546	56.00
57.00	05700	9,128,863	0	9,128,863	57.00
58.00	05800	12,971,844	0	12,971,844	58.00
59.00	05900	5,925,102	0	5,925,102	59.00
60.00	06000	61,166,240	-2,874,201	58,292,039	60.00
60.01	06001	2,708,041	0	2,708,041	60.01
63.00	06300	2,787,292	0	2,787,292	63.00
64.00	06400	3,348,193	0	3,348,193	64.00
65.00	06500	9,855,944	0	9,855,944	65.00
66.00	06600	29,932,586	0	29,932,586	66.00
67.00	06700	4,218,962	0	4,218,962	67.00
68.00	06800	1,536,670	0	1,536,670	68.00
69.00	06900	9,157,530	-443,519	8,714,011	69.00
70.00	07000	2,699,437	0	2,699,437	70.00
71.00	07100	26,439,555	0	26,439,555	71.00
72.00	07200	72,515,893	0	72,515,893	72.00
73.00	07300	142,522,906	0	142,522,906	73.00
74.00	07400	9,720,597	-734,135	8,986,462	74.00
75.00	07500	12,218,958	0	12,218,958	75.00
76.00	03950	0	0	0	76.00
76.97	07697	1,434,810	0	1,434,810	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	152,720,866	-735,895	151,984,971	90.00
91.00	09100	34,933,431	-3,515,941	31,417,490	91.00
92.00	09200		0		92.00
92.01	09201	2,132,830	0	2,132,830	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	20,240,997	0	20,240,997	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
116.00	11600	10,883,343	0	10,883,343	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,012,623,935	-48,376,494	964,247,441	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100 RESEARCH	37,814,807	0	37,814,807	191.00
193.01	19301 NON-ALLOWABLE COST	97,398,457	0	97,398,457	193.01
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,147,837,199	-48,376,494	1,099,460,705	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet Non-CMS W

Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DEPR. EXPE NSE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	4	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	5	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	6	MEALS SERVED	10.00
11.00	CAFETERIA	7	PAID HOURS	11.00
12.00	MAINTENANCE OF PERSONNEL	8	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	9	DIRECT FTE S	13.00
14.00	CENTRAL SERVICES & SUPPLY	10	COSTED REQUIS.	14.00
15.00	PHARMACY	11	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS REVE NUE	16.00
17.00	SOCIAL SERVICE	12	TIME SPENT	17.00
19.00	NONPHYSICIAN ANESTHETISTS	13	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	14	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	15	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	16	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	17	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	497,476	3,678	501,154	501,154
5.00 00500	ADMINISTRATIVE & GENERAL	0	14,266,750	16,636,585	30,903,335	96,221
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	0	14,223,419	218,080	14,441,499	429
8.00 00800	LAUNDRY & LINEN SERVICE	0	85,946	0	85,946	0
9.00 00900	HOUSEKEEPING	0	305,390	49,001	354,391	0
10.00 01000	DIETARY	0	520,185	87,847	608,032	256
11.00 01100	CAFETERIA	0	391,767	18,768	410,535	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	87,555	35,028	122,583	6,976
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	3,572
15.00 01500	PHARMACY	0	0	0	0	15,603
16.00 01600	MEDICAL RECORDS & LIBRARY	0	219,986	9,026	229,012	4,640
17.00 01700	SOCIAL SERVICE	0	62,298	0	62,298	3,612
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	714,324	100,680	815,004	25,401
23.00 02300	PARAMED PRGM-(SPECIFY)	0	4,459	0	4,459	1,210
23.01 02301	PARAMED PRGM-MEDICAL TECH	0	13,345	0	13,345	185
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESI	0	1,274	0	1,274	614
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,623,472	1,383,793	4,007,265	48,668
31.00 03100	INTENSIVE CARE UNIT	0	537,527	776,852	1,314,379	12,999
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	156,605	311,821	468,426	8,563
32.00 03200	CORONARY CARE UNIT	0	189,283	2,293	191,576	3,542
40.00 04000	SUBPROVIDER - I PF	0	276,805	10,002	286,807	5,003
41.00 04100	SUBPROVIDER - I RF	0	135,297	10,570	145,867	1,945
43.00 04300	NURSERY	0	41,755	0	41,755	3,846
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,210,574	4,535,694	5,746,268	17,529
51.00 05100	RECOVERY ROOM	0	160,904	97,838	258,742	3,514
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	564,535	275,833	840,368	5,154
53.00 05300	ANESTHESIOLOGY	0	61,024	441,553	502,577	940
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,250,226	3,151,195	4,401,421	23,220
55.00 05500	RADIOLOGY-THERAPEUTIC	0	326,125	1,588,264	1,914,389	4,906
56.00 05600	RADIOISOTOPE	0	189,426	667,276	856,702	3,010
57.00 05700	CT SCAN	0	104,785	1,049,658	1,154,443	3,252
58.00 05800	MRI	0	282,905	3,333,550	3,616,455	3,515
59.00 05900	CARDIAC CATHETERIZATION	0	243,029	664,311	907,340	2,030
60.00 06000	LABORATORY	0	791,894	610,153	1,402,047	22,285
60.01 06001	VASCULAR LAB	0	35,496	257,053	292,549	1,320
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	43,793	19,492	63,285	1,139
64.00 06400	INTRAVENOUS THERAPY	0	10,383	5,122	15,505	1,792
65.00 06500	RESPIRATORY THERAPY	0	73,748	151,568	225,316	4,823
66.00 06600	PHYSICAL THERAPY	0	425,718	128,067	553,785	16,899
67.00 06700	OCCUPATIONAL THERAPY	0	49,208	5,864	55,072	2,581
68.00 06800	SPEECH PATHOLOGY	0	30,703	690	31,393	900
69.00 06900	ELECTROCARDIOLOGY	0	205,112	267,703	472,815	4,427
70.00 07000	ELECTROENCEPHALOGRAPHY	0	70,706	114,287	184,993	1,275
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	178,135	84,099	262,234	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	282,156	133,211	415,367	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	229,747	82,209	311,956	0
74.00 07400	RENAL DIALYSIS	0	166,351	62,379	228,730	2,150
75.00 07500	ASC (NON-DISTINCT PART)	0	469,034	25,451	494,485	5,562
76.00 03950	BLANK	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	85,994	22,666	108,660	661
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	2,935,376	1,317,951	4,253,327	64,083
91.00 09100	EMERGENCY	0	809,905	246,488	1,056,393	15,557
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0
92.01 09201	OBSERVATION	0	139,119	0	139,119	720
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	144,996	11,578	156,574	8,791
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
116.00 11600 HOSPICE	0	64,591	2,911	67,502	2,983	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	46,990,616	39,008,138	85,998,754	468,303	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	443,984	576,801	1,020,785	0	191.00
193.01 19301 NON-ALLOWABLE COST	0	3,223,026	293,576	3,516,602	32,851	193.01
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	50,657,626	39,878,515	90,536,141	501,154	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet B Part II Date/Time Prepared: 2/21/2014 5:09 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	30,999,556			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	1,937,569	0	16,379,497	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	129,317	0	64,963	280,226	8.00	
9.00	00900	HOUSEKEEPING	405,371	0	230,833	2,128	992,723	9.00
10.00	01000	DIETARY	399,245	0	393,187	530	24,268	10.00
11.00	01100	CAFETERIA	45,688	0	296,121	0	18,277	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	291,563	0	66,179	0	4,085	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	239,599	0	0	0	0	14.00
15.00	01500	PHARMACY	3,873,688	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	227,550	0	166,279	0	10,263	16.00
17.00	01700	SOCIAL SERVICE	201,921	0	47,089	0	2,906	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,202,244	0	539,930	0	33,326	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	49,200	0	3,370	0	208	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	6,059	0	10,087	0	623	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	963	0	59	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,302,385	0	1,982,981	80,772	122,394	30.00
31.00	03100	INTENSIVE CARE UNIT	596,496	0	406,296	10,088	25,078	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	369,564	0	118,371	3,083	7,306	31.01
32.00	03200	CORONARY CARE UNIT	155,501	0	143,071	11,449	8,831	32.00
40.00	04000	SUBPROVIDER - IPF	207,055	0	209,226	6,114	12,914	40.00
41.00	04100	SUBPROVIDER - IRF	85,354	0	102,266	2,349	6,312	41.00
43.00	04300	NURSERY	133,720	0	31,561	0	1,948	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,107,454	0	915,026	14,366	56,477	50.00
51.00	05100	RECOVERY ROOM	152,887	0	121,621	8,647	7,507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	279,723	0	426,710	9,688	26,338	52.00
53.00	05300	ANESTHESIOLOGY	118,259	0	46,126	0	2,847	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,116,813	0	944,998	15,884	58,327	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	281,877	0	246,505	8,780	15,215	55.00
56.00	05600	RADIOISOTOPE	209,529	0	143,180	7,267	8,837	56.00
57.00	05700	CT SCAN	210,579	0	79,203	869	4,889	57.00
58.00	05800	MRI	298,353	0	213,837	3,221	13,198	58.00
59.00	05900	CARDIAC CATHETERIZATION	120,497	0	183,696	6,263	11,338	59.00
60.00	06000	LABORATORY	1,443,064	0	598,562	2,313	36,945	60.00
60.01	06001	VASCULAR LAB	65,094	0	26,830	4,035	1,656	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	67,127	0	33,102	1,156	2,043	63.00
64.00	06400	INTRAVENOUS THERAPY	84,364	0	7,848	130	484	64.00
65.00	06500	RESPIRATORY THERAPY	253,325	0	55,743	0	3,441	65.00
66.00	06600	PHYSICAL THERAPY	749,929	0	321,784	3,127	19,861	66.00
67.00	06700	OCCUPATIONAL THERAPY	105,173	0	37,194	3,773	2,296	67.00
68.00	06800	SPEECH PATHOLOGY	37,527	0	23,207	0	1,432	68.00
69.00	06900	ELECTROCARDIOLOGY	197,253	0	155,036	4,974	9,569	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	62,482	0	53,444	3,315	3,299	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	621,950	0	134,645	2,167	8,311	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,735,883	0	213,271	3,431	13,164	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,680	0	173,657	0	10,719	73.00
74.00	07400	RENAL DIALYSIS	192,588	0	125,738	6,191	7,761	74.00
75.00	07500	ASC (NON-DISTINCT PART)	251,700	0	354,525	10,734	21,882	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	26,882	0	65,000	2,401	4,012	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,659,280	0	2,218,737	26,480	136,946	90.00
91.00	09100	EMERGENCY	698,704	0	612,176	14,501	37,785	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION	35,282	0	105,155	0	6,490	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	477,895	0	109,597	0	6,765	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	227,809	0	48,822	0	3,013	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,759,051	0	13,607,748	280,226	821,645	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	969,596	0	335,590	0	20,713	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
193.01	19301	NON-ALLOWABLE COST	2,270,909	0	2,436,159	0	150,365	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	30,999,556	0	16,379,497	280,226	992,723	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet B Part II Date/Time Prepared: 2/21/2014 5:09 pm	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,425,518					10.00
11.00	01100		770,621				11.00
12.00	01200			0			12.00
13.00	01300		12,292		503,678		13.00
14.00	01400					243,171	14.00
15.00	01500						15.00
16.00	01600		12,914		376		16.00
17.00	01700		7,360				17.00
19.00	01900						19.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200		30,744		4,141		22.00
23.00	02300		2,666				23.00
23.01	02301		393				23.01
23.02	02302		705				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	889,367	126,980	0	154,719	0	30.00
31.00	03100	76,210	26,699	0	44,796	0	31.00
31.01	03101	2,080	16,341	0	31,621	0	31.01
32.00	03200	57,172	8,429	0	10,917	0	32.00
40.00	04000	89,794	11,734	0	9,411	0	40.00
41.00	04100	42,769	4,873	0	5,270	0	41.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	23,191	34,800	0	41,032	0	50.00
51.00	05100	0	5,773	0	11,670	0	51.00
52.00	05200	62,423	16,404	0	27,104	0	52.00
53.00	05300	0	2,638	0	1,129	0	53.00
54.00	05400	11,289	54,001	0	9,411	0	54.00
55.00	05500	963	7,390	0	1,506	0	55.00
56.00	05600	1,165	5,483	0	0	0	56.00
57.00	05700	581	6,133	0	0	0	57.00
58.00	05800	0	6,750	0	753	0	58.00
59.00	05900	3,926	3,662	0	4,517	0	59.00
60.00	06000	4,127	51,883	0	753	0	60.00
60.01	06001	0	2,570	0	0	0	60.01
63.00	06300	1,183	2,624	0	0	0	63.00
64.00	06400	0	3,029	0	6,399	0	64.00
65.00	06500	34	11,493	0	0	0	65.00
66.00	06600	37	37,034	0	376	0	66.00
67.00	06700	0	5,300	0	0	0	67.00
68.00	06800	176	1,817	0	0	0	68.00
69.00	06900	1,050	9,712	0	5,270	0	69.00
70.00	07000	0	2,659	0	0	0	70.00
71.00	07100	0	5,540	0	0	63,562	71.00
72.00	07200	0	8,775	0	0	178,537	72.00
73.00	07300	0	29,217	0	0	0	73.00
74.00	07400	4,793	4,783	0	4,141	68	74.00
75.00	07500	26,245	10,773	0	17,316	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	32	1,356	0	1,506	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	80,299	57,944	0	46,302	0	90.00
91.00	09100	30,766	35,115	0	37,644	0	91.00
92.00	09200						92.00
92.01	09201	15,837	1,975	0	2,259	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	18,067	0	16,187	712	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	5,736	0	5,270	292	116.00
118.00		1,425,518	712,566	0	501,796	243,171	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	21,153	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	36,902	0	1,882	193.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,425,518	770,621	0	503,678	243,171 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet B Part II Date/Time Prepared: 2/21/2014 5:09 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	3,889,291				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	651,034			16.00
17.00	01700	SOCIAL SERVICE	0	0	325,186		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0	0		23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	132	47,449	151,175		30.00
31.00	03100	INTENSIVE CARE UNIT	16	10,987	21,596		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	513	9,494	0		31.01
32.00	03200	CORONARY CARE UNIT	1	2,536	11,975		32.00
40.00	04000	SUBPROVIDER - I PF	0	3,941	0		40.00
41.00	04100	SUBPROVIDER - I RF	0	1,654	10,798		41.00
43.00	04300	NURSERY	0	1,569	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,879	50,423	0		50.00
51.00	05100	RECOVERY ROOM	153	9,633	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	112	8,925	0		52.00
53.00	05300	ANESTHESIOLOGY	27,675	7,179	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,311	41,536	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16	15,313	277		55.00
56.00	05600	RADIOISOTOPE	295	10,022	0		56.00
57.00	05700	CT SCAN	7,745	39,578	0		57.00
58.00	05800	MRI	6,774	29,164	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	877	11,576	0		59.00
60.00	06000	LABORATORY	581	69,993	0		60.00
60.01	06001	VASCULAR LAB	0	4,815	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,267	2,141	0		63.00
64.00	06400	INTRAVENOUS THERAPY	185	1,236	0		64.00
65.00	06500	RESPIRATORY THERAPY	280	8,079	0		65.00
66.00	06600	PHYSICAL THERAPY	276	13,931	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,344	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	868	0		68.00
69.00	06900	ELECTROCARDIOLOGY	149	21,465	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,881	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4	21,106	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6	33,372	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,746,895	73,072	0		73.00
74.00	07400	RENAL DIALYSIS	33,263	3,645	14,675		74.00
75.00	07500	ASC (NON-DISTINCT PART)	50	3,147	360		75.00
76.00	03950	BLANK	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	23	408	0		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,839	43,321	40,839		90.00
91.00	09100	EMERGENCY	1,638	37,652	1,502		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION	0	997	0		92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	29,516	4,265	14,398		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	16,962	2,317	57,591		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,888,437	651,034	325,186	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	512	0	0		191.00
193.01	19301	NON-ALLOWABLE COST	342	0	0		193.01
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	3,889,291	651,034	325,186	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED PRGM-MEDICAL TECH	PARAMED PRGM-SCHOOL OF ANESTHESIA	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		2,650,803			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			61,113		23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH				30,692	23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESIA					3,615
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)					31.01
32.00 03200	CORONARY CARE UNIT					32.00
40.00 04000	SUBPROVIDER - IPF					40.00
41.00 04100	SUBPROVIDER - IRF					41.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
57.00 05700	CT SCAN					57.00
58.00 05800	MRI					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	VASCULAR LAB					60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00 06400	INTRAVENOUS THERAPY					64.00
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
75.00 07500	ASC (NON-DISTINCT PART)					75.00
76.00 03950	BLANK					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC					90.00
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION					92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE					116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESI		
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00					
118.00	SUBTOTALS (SUM OF LINES 1-117)		23.00	23.01	23.02	118.00	
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH				191.00	
193.01	19301	NON-ALLOWABLE COST				193.01	
200.00		Cross Foot Adjustments	0	2,650,803	61,113	30,692	3,615
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	2,650,803	61,113	30,692	3,615

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet B Part II Date/Time Prepared: 2/21/2014 5:09 pm
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH				23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,914,287	0	9,914,287	30.00
31.00	03100	INTENSIVE CARE UNIT	2,545,640	0	2,545,640	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	1,035,362	0	1,035,362	31.01
32.00	03200	CORONARY CARE UNIT	605,000	0	605,000	32.00
40.00	04000	SUBPROVIDER - IPF	841,999	0	841,999	40.00
41.00	04100	SUBPROVIDER - IRF	409,457	0	409,457	41.00
43.00	04300	NURSERY	214,399	0	214,399	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,009,445	0	8,009,445	50.00
51.00	05100	RECOVERY ROOM	580,147	0	580,147	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,702,949	0	1,702,949	52.00
53.00	05300	ANESTHESIOLOGY	709,370	0	709,370	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,680,211	0	6,680,211	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,497,137	0	2,497,137	55.00
56.00	05600	RADIOISOTOPE	1,245,490	0	1,245,490	56.00
57.00	05700	CT SCAN	1,507,272	0	1,507,272	57.00
58.00	05800	MRI	4,192,020	0	4,192,020	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,255,722	0	1,255,722	59.00
60.00	06000	LABORATORY	3,632,553	0	3,632,553	60.00
60.01	06001	VASCULAR LAB	398,869	0	398,869	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	175,067	0	175,067	63.00
64.00	06400	INTRAVENOUS THERAPY	120,972	0	120,972	64.00
65.00	06500	RESPIRATORY THERAPY	562,534	0	562,534	65.00
66.00	06600	PHYSICAL THERAPY	1,717,039	0	1,717,039	66.00
67.00	06700	OCCUPATIONAL THERAPY	213,733	0	213,733	67.00
68.00	06800	SPEECH PATHOLOGY	97,320	0	97,320	68.00
69.00	06900	ELECTROCARDIOLOGY	881,720	0	881,720	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	313,348	0	313,348	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,119,519	0	1,119,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,601,806	0	2,601,806	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,356,196	0	4,356,196	73.00
74.00	07400	RENAL DIALYSIS	628,526	0	628,526	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,196,779	0	1,196,779	75.00
76.00	03950	BLANK	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	210,941	0	210,941	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,634,397	0	10,634,397	90.00
91.00	09100	EMERGENCY	2,579,433	0	2,579,433	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
92.01	09201	OBSERVATION	307,834	0	307,834	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	842,767	0	842,767	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	438,297	0	438,297	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	76,975,557	0	76,975,557	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100 RESEARCH	2,368,349	0	2,368,349	191.00
193.01	19301 NON-ALLOWABLE COST	8,446,012	0	8,446,012	193.01
200.00	Cross Foot Adjustments	2,746,223	0	2,746,223	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	90,536,141	0	90,536,141	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,181,047				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		40,463,781			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	31,239	3,732	433,683,885		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	895,881	16,880,745	83,396,950	-242,314,528	905,494,617
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	893,160	221,281	370,842	0	56,596,142
8.00 00800	LAUNDRY & LINEN SERVICE	5,397	0	0	0	3,777,320
9.00 00900	HOUSEKEEPING	19,177	49,720	0	0	11,840,838
10.00 01000	DIETARY	32,665	89,136	221,513	0	11,661,889
11.00 01100	CAFETERIA	24,601	19,043	0	0	1,334,550
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	5,498	35,542	6,034,959	0	8,516,523
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	3,089,660	0	6,998,666
15.00 01500	PHARMACY	0	0	13,497,481	0	113,151,526
16.00 01600	MEDICAL RECORDS & LIBRARY	13,814	9,158	4,013,603	0	6,646,704
17.00 01700	SOCIAL SERVICE	3,912	0	3,124,443	0	5,898,075
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	44,856	102,158	21,972,767	0	35,117,388
23.00 02300	PARAMED ED PRGM-(SPECIFY)	280	0	1,046,297	0	1,437,138
23.01 02301	PARAMED ED PRGM-MEDICAL TECH	838	0	160,211	0	176,974
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	80	0	531,426	-28,054	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	164,741	1,404,102	42,100,677	0	67,252,361
31.00 03100	INTENSIVE CARE UNIT	33,754	788,253	11,244,735	0	17,423,582
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	9,834	316,397	7,407,483	0	10,794,917
32.00 03200	CORONARY CARE UNIT	11,886	2,327	3,064,252	0	4,542,174
40.00 04000	SUBPROVIDER - IPF	17,382	10,149	4,327,808	0	6,048,055
41.00 04100	SUBPROVIDER - IRF	8,496	10,725	1,682,269	0	2,493,180
43.00 04300	NURSERY	2,622	0	3,326,824	0	3,905,932
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	76,018	4,602,261	15,163,281	0	32,348,593
51.00 05100	RECOVERY ROOM	10,104	99,274	3,039,686	0	4,465,815
52.00 05200	DELIVERY ROOM & LABOR ROOM	35,450	279,881	4,458,487	0	8,170,685
53.00 05300	ANESTHESIOLOGY	3,832	448,033	813,119	0	3,454,335
54.00 05400	RADIOLOGY-DIAGNOSTIC	78,508	3,197,443	20,086,343	0	32,621,953
55.00 05500	RADIOLOGY-THERAPEUTIC	20,479	1,611,574	4,244,316	0	8,233,590
56.00 05600	RADIOISOTOPE	11,895	677,069	2,604,067	0	6,120,310
57.00 05700	CT SCAN	6,580	1,065,063	2,813,061	0	6,150,985
58.00 05800	MRI	17,765	3,382,474	3,040,599	0	8,714,867
59.00 05900	CARDIAC CATHETERIZATION	15,261	674,061	1,756,260	0	3,519,715
60.00 06000	LABORATORY	49,727	619,108	19,277,722	0	42,151,708
60.01 06001	VASCULAR LAB	2,229	260,826	1,142,120	0	1,901,395
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,750	19,778	985,102	0	1,960,767
64.00 06400	INTRAVENOUS THERAPY	652	5,197	1,549,956	0	2,464,250
65.00 06500	RESPIRATORY THERAPY	4,631	153,792	4,172,534	0	7,399,587
66.00 06600	PHYSICAL THERAPY	26,733	129,947	14,618,534	0	21,905,321
67.00 06700	OCCUPATIONAL THERAPY	3,090	5,950	2,232,531	0	3,072,079
68.00 06800	SPEECH PATHOLOGY	1,928	700	778,423	0	1,096,152
69.00 06900	ELECTROCARDIOLOGY	12,880	271,632	3,829,629	0	5,761,738
70.00 07000	ELECTROENCEPHALOGRAPHY	4,440	115,964	1,102,618	0	1,825,090
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,186	85,333	0	0	18,167,070
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	17,718	135,166	0	0	50,704,933
73.00 07300	DRUGS CHARGED TO PATIENTS	14,427	83,416	0	0	311,956
74.00 07400	RENAL DIALYSIS	10,446	63,294	1,860,117	0	5,625,485
75.00 07500	ASC (NON-DISTINCT PART)	29,453	25,825	4,811,248	0	7,352,135
76.00 03950	BLANK	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	5,400	22,999	571,957	0	785,218
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	184,327	1,337,294	55,434,963	0	106,887,102
91.00 09100	EMERGENCY	50,858	250,106	13,457,477	0	20,409,042
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION	8,736	0	622,843	0	1,030,579
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	9,105	11,748	7,604,604	0	13,959,242

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00	4.00				
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	4,056	2,954	2,580,512	0	6,654,264
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,950,777	39,580,630	405,266,309	-242,342,582	810,839,895
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	27,880	585,266	0	0	28,321,763
193.01	19301	NON-ALLOWABLE COST	202,390	297,885	28,417,576	0	66,332,959
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)	50,657,626	39,878,515	21,854,693		242,314,528
203.00		Unit cost multiplier (Wkst. B, Part I)	15.924828	0.985536	0.050393		0.267605
204.00		Cost to be allocated (per Wkst. B, Part II)			501,154		30,999,556
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001156		0.034235

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	1,360,767			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,397	101,528		8.00
9.00	00900	HOUSEKEEPING	0	19,177	771	1,336,193	9.00
10.00	01000	DIETARY	0	32,665	192	32,665	623,049
11.00	01100	CAFETERIA	0	24,601	0	24,601	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	5,498	0	5,498	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,814	0	13,814	0
17.00	01700	SOCIAL SERVICE	0	3,912	0	3,912	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	44,856	0	44,856	4
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	280	0	280	0
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	838	0	838	0
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	80	0	80	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	164,741	29,264	164,741	388,714
31.00	03100	INTENSIVE CARE UNIT	0	33,754	3,655	33,754	33,309
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	9,834	1,117	9,834	909
32.00	03200	CORONARY CARE UNIT	0	11,886	4,148	11,886	24,988
40.00	04000	SUBPROVIDER - IPF	0	17,382	2,215	17,382	39,246
41.00	04100	SUBPROVIDER - IRF	0	8,496	851	8,496	18,693
43.00	04300	NURSERY	0	2,622	0	2,622	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	76,018	5,205	76,018	10,136
51.00	05100	RECOVERY ROOM	0	10,104	3,133	10,104	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	35,450	3,510	35,450	27,283
53.00	05300	ANESTHESIOLOGY	0	3,832	0	3,832	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	78,508	5,755	78,508	4,934
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,479	3,181	20,479	421
56.00	05600	RADIOISOTOPE	0	11,895	2,633	11,895	509
57.00	05700	CT SCAN	0	6,580	315	6,580	254
58.00	05800	MRI	0	17,765	1,167	17,765	0
59.00	05900	CARDIAC CATHETERIZATION	0	15,261	2,269	15,261	1,716
60.00	06000	LABORATORY	0	49,727	838	49,727	1,804
60.01	06001	VASCULAR LAB	0	2,229	1,462	2,229	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,750	419	2,750	517
64.00	06400	INTRAVENOUS THERAPY	0	652	47	652	0
65.00	06500	RESPIRATORY THERAPY	0	4,631	0	4,631	15
66.00	06600	PHYSICAL THERAPY	0	26,733	1,133	26,733	16
67.00	06700	OCCUPATIONAL THERAPY	0	3,090	1,367	3,090	0
68.00	06800	SPEECH PATHOLOGY	0	1,928	0	1,928	77
69.00	06900	ELECTROCARDIOLOGY	0	12,880	1,802	12,880	459
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,440	1,201	4,440	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,186	785	11,186	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,718	1,243	17,718	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,427	0	14,427	0
74.00	07400	RENAL DIALYSIS	0	10,446	2,243	10,446	2,095
75.00	07500	ASC (NON-DISTINCT PART)	0	29,453	3,889	29,453	11,471
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	5,400	870	5,400	14
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	184,327	9,594	184,327	35,096
91.00	09100	EMERGENCY	0	50,858	5,254	50,858	13,447
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				
92.01	09201	OBSERVATION	0	8,736	0	8,736	6,922
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	9,105	0	9,105	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,056	0	4,056	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,130,497	101,528	1,105,923	623,049

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	27,880	0	27,880	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	202,390	0	202,390	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	71,741,553	5,072,687	16,059,065	16,906,992	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	52.721409	49.963429	12.018522	27.135895	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	16,379,497	280,226	992,723	1,425,518	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	12.036959	2.760086	0.742949	2.287971	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	9,168,721					11.00
12.00	01200		0				12.00
13.00	01300	146,243	0	1,338			13.00
14.00	01400		0	0	68,496,374		14.00
15.00	01500		0	0	0	103,387,486	15.00
16.00	01600	153,651	0	1	0	0	16.00
17.00	01700	87,573	0	0	0	0	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	11	0	115	22.00
23.00	02300	31,725	0	0	0	0	23.00
23.01	02301	4,680	0	0	0	0	23.01
23.02	02302	8,386	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,510,806	0	411	0	3,507	30.00
31.00	03100	317,656	0	119	0	426	31.00
31.01	03101	194,417	0	84	0	13,627	31.01
32.00	03200	100,287	0	29	0	14	32.00
40.00	04000	139,604	0	25	0	1	40.00
41.00	04100	57,979	0	14	0	0	41.00
43.00	04300		0	0	0	0	43.00
44.00	04400		0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	414,041	0	109	0	76,527	50.00
51.00	05100	68,682	0	31	0	4,062	51.00
52.00	05200	195,172	0	72	0	2,975	52.00
53.00	05300	31,383	0	3	0	735,674	53.00
54.00	05400	642,491	0	25	0	88,018	54.00
55.00	05500	87,924	0	4	0	437	55.00
56.00	05600	65,239	0	0	0	7,848	56.00
57.00	05700	72,966	0	0	0	205,882	57.00
58.00	05800	80,306	0	2	0	180,066	58.00
59.00	05900	43,569	0	12	0	23,306	59.00
60.00	06000	617,297	0	2	0	15,439	60.00
60.01	06001	30,572	0	0	0	0	60.01
63.00	06300	31,225	0	0	0	33,669	63.00
64.00	06400	36,039	0	17	0	4,923	64.00
65.00	06500	136,740	0	0	0	7,453	65.00
66.00	06600	440,627	0	1	0	7,350	66.00
67.00	06700	63,057	0	0	0	0	67.00
68.00	06800	21,615	0	0	0	0	68.00
69.00	06900	115,557	0	14	0	3,972	69.00
70.00	07000	31,638	0	0	0	0	70.00
71.00	07100	65,915	0	0	17,904,836	94	71.00
72.00	07200	104,408	0	0	50,289,566	150	72.00
73.00	07300	347,616	0	0	0	99,602,272	73.00
74.00	07400	56,905	0	11	19,264	884,200	74.00
75.00	07500	128,179	0	46	0	1,335	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	16,132	0	4	0	620	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	689,409	0	123	0	181,789	90.00
91.00	09100	417,793	0	100	0	43,540	91.00
92.00	09200		0				92.00
92.01	09201	23,495	0	6	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	214,952	0	43	200,577	784,604	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	68,250	0	14	82,131	450,883	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,477,983	0	1,333	68,496,374	103,364,778	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	251,680	0	0	0	13,620	191.00
193.01	19301 NON-ALLOWABLE COST	439,058	0	5	0	9,088	193.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,284,349	0	11,203,913	8,871,544	143,431,083	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.358212	0.000000	8,373.627055	0.129518	1.387316	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	770,621	0	503,678	243,171	3,889,291	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.084049	0.000000	376.440957	0.003550	0.037619	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,170,463,974					16.00
17.00 01700 SOCIAL SERVICE	0	46,979				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01 02301 PARAMED ED PRGM-MEDICAL TECH	0	0				23.01
23.02 02302 PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	231,457,709	21,840		0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	53,593,953	3,120		0	0	31.00
31.01 03101 INFANT SPECIAL CARE UNIT (ISCU)	46,313,868	0		0	0	31.01
32.00 03200 CORONARY CARE UNIT	12,369,831	1,730		0	0	32.00
40.00 04000 SUBPROVIDER - IPF	19,223,898	0		0	0	40.00
41.00 04100 SUBPROVIDER - IRF	8,067,169	1,560		0	0	41.00
43.00 04300 NURSERY	7,651,983	0		0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0		0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	245,966,061	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	46,992,419	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	43,538,886	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	35,021,811	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	202,612,727	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	74,698,892	40	0	0	0	55.00
56.00 05600 RADIOISOTOPE	48,887,080	0	0	0	0	56.00
57.00 05700 CT SCAN	193,062,198	0	0	0	0	57.00
58.00 05800 MRI	142,263,763	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	56,466,741	0	0	0	0	59.00
60.00 06000 LABORATORY	341,427,982	0	0	0	0	60.00
60.01 06001 VASCULAR LAB	23,486,360	0	0	0	0	60.01
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	10,445,968	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	6,029,397	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	39,409,025	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	67,955,306	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	11,434,071	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	4,233,327	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	104,705,323	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	9,175,684	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	102,953,695	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	162,789,133	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	351,144,354	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	17,779,939	2,120	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	15,351,348	52	0	0	0	75.00
76.00 03950 BLANK	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1,988,667	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	211,321,975	5,900	0	0	0	90.00
91.00 09100 EMERGENCY	183,670,640	217	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION	4,865,436	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	20,803,202	2,080	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11,304,153	8,320	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,170,463,974	46,979	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,383,127	7,761,061	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002960	165.202771	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	651,034	325,186	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000205	6.921944	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	19,228					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			100			23.00
23.01 02301 PARAMED PRGM-MEDICAL TECH			0	100		23.01
23.02 02302 PARAMED PRGM-SCHOOL OF ANESTHESIA			0	0	100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	10,847		0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01 03101 INFANT SPECIAL CARE UNIT (ISCU)	122		0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0		0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	391		0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	100		0	0	0	41.00
43.00 04300 NURSERY	0		0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,851		0	0	0	50.00
51.00 05100 RECOVERY ROOM	0		0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	970		0	0	100	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	694		0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	198		0	0	0	55.00
56.00 05600 RADIOISOTOPE	0		0	0	0	56.00
57.00 05700 CT SCAN	0		0	0	0	57.00
58.00 05800 MRI	0		0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00 06000 LABORATORY	1,160		0	100	0	60.00
60.01 06001 VASCULAR LAB	0		0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0		0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0		0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0		0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0		0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	179		0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0		100	0	0	73.00
74.00 07400 RENAL DIALYSIS	0		0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00 03950 BLANK	0		0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0		0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	297		0	0	0	90.00
91.00 09100 EMERGENCY	1,419		0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0		0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		22.00	23.00	23.01	23.02	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,228	100	100	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	0	0	193.01
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	47,642,359	1,851,214	280,262	36,237
203.00		Unit cost multiplier (Wkst. B, Part I)	2,477.759465	18,512.140000	2,802.620000	362.370000
204.00		Cost to be allocated (per Wkst. B, Part II)	2,650,803	61,113	30,692	3,615
205.00		Unit cost multiplier (Wkst. B, Part II)	137.861608	611.130000	306.920000	36.150000

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-2

Date/Time Prepared:
2/21/2014 5:09 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	-734,135	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet C Part I Date/Time Prepared: 2/21/2014 5:09 pm		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		116,205,737	116,205,737	193,071	116,398,808	30.00
31.00	03100 INTENSIVE CARE UNIT		27,142,849	27,142,849	0	27,142,849	31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)		15,329,841	15,329,841	0	15,329,841	31.01
32.00	03200 CORONARY CARE UNIT		8,013,695	8,013,695	0	8,013,695	32.00
40.00	04000 SUBPROVIDER - IPF		10,283,752	10,283,752	71,070	10,354,822	40.00
41.00	04100 SUBPROVIDER - IRF		4,679,762	4,679,762	0	4,679,762	41.00
43.00	04300 NURSERY		5,143,578	5,143,578	0	5,143,578	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		48,357,013	48,357,013	0	48,357,013	50.00
51.00	05100 RECOVERY ROOM		6,900,474	6,900,474	0	6,900,474	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		14,373,769	14,373,769	0	14,373,769	52.00
53.00	05300 ANESTHESIOLOGY		5,823,692	5,823,692	0	5,823,692	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		48,017,114	48,017,114	465,369	48,482,483	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		12,226,420	12,226,420	171,551	12,397,971	55.00
56.00	05600 RADIOISOTOPE		8,852,546	8,852,546	164,968	9,017,514	56.00
57.00	05700 CT SCAN		9,128,863	9,128,863	0	9,128,863	57.00
58.00	05800 MRI		12,971,844	12,971,844	0	12,971,844	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,925,102	5,925,102	0	5,925,102	59.00
60.00	06000 LABORATORY		58,292,039	58,292,039	2,527,449	60,819,488	60.00
60.01	06001 VASCULAR LAB		2,708,041	2,708,041	14,694	2,722,735	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,787,292	2,787,292	0	2,787,292	63.00
64.00	06400 INTRAVENOUS THERAPY		3,348,193	3,348,193	0	3,348,193	64.00
65.00	06500 RESPIRATORY THERAPY	0	9,855,944	9,855,944	0	9,855,944	65.00
66.00	06600 PHYSICAL THERAPY	0	29,932,586	29,932,586	40,306	29,972,892	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,218,962	4,218,962	0	4,218,962	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,536,670	1,536,670	0	1,536,670	68.00
69.00	06900 ELECTROCARDIOLOGY		8,714,011	8,714,011	19,065	8,733,076	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,699,437	2,699,437	0	2,699,437	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		26,439,555	26,439,555	0	26,439,555	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		72,515,893	72,515,893	0	72,515,893	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		142,522,906	142,522,906	0	142,522,906	73.00
74.00	07400 RENAL DIALYSIS		8,986,462	8,986,462	0	8,986,462	74.00
75.00	07500 ASC (NON-DISTINCT PART)		12,218,958	12,218,958	0	12,218,958	75.00
76.00	03950 BLANK		0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		1,434,810	1,434,810	0	1,434,810	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		151,984,971	151,984,971	44,005	152,028,976	90.00
91.00	09100 EMERGENCY		31,417,490	31,417,490	1,810	31,419,300	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		17,931,370	17,931,370	0	17,931,370	92.00
92.01	09201 OBSERVATION		2,132,830	2,132,830	0	2,132,830	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY		20,240,997	20,240,997		20,240,997	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE		10,883,343	10,883,343		10,883,343	116.00
200.00	Subtotal (see instructions)	0	982,178,811	982,178,811	3,713,358	985,892,169	200.00
201.00	Less Observation Beds		17,931,370	17,931,370		17,931,370	201.00
202.00	Total (see instructions)	0	964,247,441	964,247,441	3,713,358	967,960,799	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet C Part I Date/Time Prepared: 2/21/2014 5:09 pm	
		Title XVII I		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	184,158,708		184,158,708		30.00
31.00	03100	INTENSIVE CARE UNIT	53,593,953		53,593,953		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	46,313,868		46,313,868		31.01
32.00	03200	CORONARY CARE UNIT	12,369,831		12,369,831		32.00
40.00	04000	SUBPROVIDER - I PF	19,223,898		19,223,898		40.00
41.00	04100	SUBPROVIDER - I RF	8,067,169		8,067,169		41.00
43.00	04300	NURSERY	7,651,983		7,651,983		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	118,397,541	127,568,520	245,966,061	0.196600	50.00
51.00	05100	RECOVERY ROOM	20,424,609	26,567,810	46,992,419	0.146842	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,239,857	2,299,029	43,538,886	0.330136	52.00
53.00	05300	ANESTHESIOLOGY	16,377,495	18,644,316	35,021,811	0.166288	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,659,306	161,953,421	202,612,727	0.236990	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,533,716	72,165,176	74,698,892	0.163676	55.00
56.00	05600	RADIOISOTOPE	4,480,892	44,406,188	48,887,080	0.181082	56.00
57.00	05700	CT SCAN	52,087,532	140,974,666	193,062,198	0.047285	57.00
58.00	05800	MRI	16,736,285	125,527,478	142,263,763	0.091182	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,962,740	25,504,001	56,466,741	0.104931	59.00
60.00	06000	LABORATORY	133,944,048	207,483,934	341,427,982	0.170730	60.00
60.01	06001	VASCULAR LAB	8,509,514	14,976,846	23,486,360	0.115303	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,630,484	2,815,484	10,445,968	0.266829	63.00
64.00	06400	INTRAVENOUS THERAPY	5,833,415	195,982	6,029,397	0.555311	64.00
65.00	06500	RESPIRATORY THERAPY	36,316,547	3,092,478	39,409,025	0.250094	65.00
66.00	06600	PHYSICAL THERAPY	14,988,270	52,967,036	67,955,306	0.440475	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,286,610	2,147,461	11,434,071	0.368982	67.00
68.00	06800	SPEECH PATHOLOGY	3,602,243	631,084	4,233,327	0.362993	68.00
69.00	06900	ELECTROCARDIOLOGY	33,762,763	70,942,560	104,705,323	0.083224	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,390,454	3,785,230	9,175,684	0.294195	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	56,983,874	45,969,821	102,953,695	0.256810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	111,364,510	51,424,623	162,789,133	0.445459	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,000,616	254,143,738	351,144,354	0.405881	73.00
74.00	07400	RENAL DIALYSIS	3,382,561	14,397,378	17,779,939	0.505427	74.00
75.00	07500	ASC (NON-DISTINCT PART)	234,323	15,117,025	15,351,348	0.795953	75.00
76.00	03950	BLANK	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	3,980	1,984,687	1,988,667	0.721493	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	7,897,487	203,424,488	211,321,975	0.719210	90.00
91.00	09100	EMERGENCY	63,165,731	120,504,909	183,670,640	0.171053	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,485,063	34,813,938	47,299,001	0.379107	92.00
92.01	09201	OBSERVATION	2,275,504	2,589,932	4,865,436	0.438364	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	20,803,202	20,803,202		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	11,304,153	11,304,153		116.00
200.00		Subtotal (see instructions)	1,289,337,380	1,881,126,594	3,170,463,974		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,289,337,380	1,881,126,594	3,170,463,974		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet C Part I Date/Time Prepared: 2/21/2014 5:09 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)			31.01
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.196600		50.00
51.00	05100 RECOVERY ROOM	0.146842		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.330136		52.00
53.00	05300 ANESTHESIOLOGY	0.166288		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.239286		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.165973		55.00
56.00	05600 RADIOISOTOPE	0.184456		56.00
57.00	05700 CT SCAN	0.047285		57.00
58.00	05800 MRI	0.091182		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.104931		59.00
60.00	06000 LABORATORY	0.178133		60.00
60.01	06001 VASCULAR LAB	0.115928		60.01
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.266829		63.00
64.00	06400 INTRAVENOUS THERAPY	0.555311		64.00
65.00	06500 RESPIRATORY THERAPY	0.250094		65.00
66.00	06600 PHYSICAL THERAPY	0.441068		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.368982		67.00
68.00	06800 SPEECH PATHOLOGY	0.362993		68.00
69.00	06900 ELECTROCARDIOLOGY	0.083406		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.294195		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.256810		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.445459		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.405881		73.00
74.00	07400 RENAL DIALYSIS	0.505427		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.795953		75.00
76.00	03950 BLANK	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.721493		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.719419		90.00
91.00	09100 EMERGENCY	0.171063		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.379107		92.00
92.01	09201 OBSERVATION	0.438364		92.01
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet C
Part I
Date/Time Prepared:
2/21/2014 5:09 pm

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	116,205,737		116,205,737	193,071	116,398,808	30.00
31.00	03100	INTENSIVE CARE UNIT	27,142,849		27,142,849	0	27,142,849	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	15,329,841		15,329,841	0	15,329,841	31.01
32.00	03200	CORONARY CARE UNIT	8,013,695		8,013,695	0	8,013,695	32.00
40.00	04000	SUBPROVIDER - IPF	10,283,752		10,283,752	71,070	10,354,822	40.00
41.00	04100	SUBPROVIDER - IRF	4,679,762		4,679,762	0	4,679,762	41.00
43.00	04300	NURSERY	5,143,578		5,143,578	0	5,143,578	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,357,013		48,357,013	0	48,357,013	50.00
51.00	05100	RECOVERY ROOM	6,900,474		6,900,474	0	6,900,474	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,373,769		14,373,769	0	14,373,769	52.00
53.00	05300	ANESTHESIOLOGY	5,823,692		5,823,692	0	5,823,692	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,017,114		48,017,114	465,369	48,482,483	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,226,420		12,226,420	171,551	12,397,971	55.00
56.00	05600	RADIOISOTOPE	8,852,546		8,852,546	164,968	9,017,514	56.00
57.00	05700	CT SCAN	9,128,863		9,128,863	0	9,128,863	57.00
58.00	05800	MRI	12,971,844		12,971,844	0	12,971,844	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,925,102		5,925,102	0	5,925,102	59.00
60.00	06000	LABORATORY	58,292,039		58,292,039	2,527,449	60,819,488	60.00
60.01	06001	VASCULAR LAB	2,708,041		2,708,041	14,694	2,722,735	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,787,292		2,787,292	0	2,787,292	63.00
64.00	06400	INTRAVENOUS THERAPY	3,348,193		3,348,193	0	3,348,193	64.00
65.00	06500	RESPIRATORY THERAPY	9,855,944	0	9,855,944	0	9,855,944	65.00
66.00	06600	PHYSICAL THERAPY	29,932,586	0	29,932,586	40,306	29,972,892	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,218,962	0	4,218,962	0	4,218,962	67.00
68.00	06800	SPEECH PATHOLOGY	1,536,670	0	1,536,670	0	1,536,670	68.00
69.00	06900	ELECTROCARDIOLOGY	8,714,011		8,714,011	19,065	8,733,076	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,699,437		2,699,437	0	2,699,437	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,439,555		26,439,555	0	26,439,555	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,515,893		72,515,893	0	72,515,893	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	142,522,906		142,522,906	0	142,522,906	73.00
74.00	07400	RENAL DIALYSIS	8,986,462		8,986,462	0	8,986,462	74.00
75.00	07500	ASC (NON-DISTINCT PART)	12,218,958		12,218,958	0	12,218,958	75.00
76.00	03950	BLANK	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,434,810		1,434,810	0	1,434,810	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	151,984,971		151,984,971	44,005	152,028,976	90.00
91.00	09100	EMERGENCY	31,417,490		31,417,490	1,810	31,419,300	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	17,931,370		17,931,370	0	17,931,370	92.00
92.01	09201	OBSERVATION	2,132,830		2,132,830	0	2,132,830	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	20,240,997		20,240,997		20,240,997	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	10,883,343		10,883,343		10,883,343	116.00
200.00		Subtotal (see instructions)	982,178,811	0	982,178,811	3,713,358	985,892,169	200.00
201.00		Less Observation Beds	17,931,370		17,931,370		17,931,370	201.00
202.00		Total (see instructions)	964,247,441	0	964,247,441	3,713,358	967,960,799	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet C Part I Date/Time Prepared: 2/21/2014 5:09 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	184,158,708		184,158,708			30.00
31.00	03100	INTENSIVE CARE UNIT	53,593,953		53,593,953			31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	46,313,868		46,313,868			31.01
32.00	03200	CORONARY CARE UNIT	12,369,831		12,369,831			32.00
40.00	04000	SUBPROVIDER - I PF	19,223,898		19,223,898			40.00
41.00	04100	SUBPROVIDER - I RF	8,067,169		8,067,169			41.00
43.00	04300	NURSERY	7,651,983		7,651,983			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	118,397,541	127,568,520	245,966,061	0.196600	0.000000	50.00
51.00	05100	RECOVERY ROOM	20,424,609	26,567,810	46,992,419	0.146842	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,239,857	2,299,029	43,538,886	0.330136	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	16,377,495	18,644,316	35,021,811	0.166288	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,659,306	161,953,421	202,612,727	0.236990	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,533,716	72,165,176	74,698,892	0.163676	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,480,892	44,406,188	48,887,080	0.181082	0.000000	56.00
57.00	05700	CT SCAN	52,087,532	140,974,666	193,062,198	0.047285	0.000000	57.00
58.00	05800	MRI	16,736,285	125,527,478	142,263,763	0.091182	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,962,740	25,504,001	56,466,741	0.104931	0.000000	59.00
60.00	06000	LABORATORY	133,944,048	207,483,934	341,427,982	0.170730	0.000000	60.00
60.01	06001	VASCULAR LAB	8,509,514	14,976,846	23,486,360	0.115303	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,630,484	2,815,484	10,445,968	0.266829	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	5,833,415	195,982	6,029,397	0.555311	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	36,316,547	3,092,478	39,409,025	0.250094	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	14,988,270	52,967,036	67,955,306	0.440475	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,286,610	2,147,461	11,434,071	0.368982	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,602,243	631,084	4,233,327	0.362993	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	33,762,763	70,942,560	104,705,323	0.083224	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,390,454	3,785,230	9,175,684	0.294195	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	56,983,874	45,969,821	102,953,695	0.256810	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	111,364,510	51,424,623	162,789,133	0.445459	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,000,616	254,143,738	351,144,354	0.405881	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,382,561	14,397,378	17,779,939	0.505427	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	234,323	15,117,025	15,351,348	0.795953	0.000000	75.00
76.00	03950	BLANK	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	3,980	1,984,687	1,988,667	0.721493	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,897,487	203,424,488	211,321,975	0.719210	0.000000	90.00
91.00	09100	EMERGENCY	63,165,731	120,504,909	183,670,640	0.171053	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,485,063	34,813,938	47,299,001	0.379107	0.000000	92.00
92.01	09201	OBSERVATION	2,275,504	2,589,932	4,865,436	0.438364	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	20,803,202	20,803,202			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	11,304,153	11,304,153			116.00
200.00		Subtotal (see instructions)	1,289,337,380	1,881,126,594	3,170,463,974			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,289,337,380	1,881,126,594	3,170,463,974			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet C Part I Date/Time Prepared: 2/21/2014 5:09 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)			31.01
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 VASCULAR LAB	0.000000		60.01
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 BLANK	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION	0.000000		92.01
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part I Date/Time Prepared: 2/21/2014 5:09 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital 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	9,914,287	0	9,914,287	119,577	82.91	30.00
31.00	INTENSIVE CARE UNIT	2,545,640		2,545,640	13,936	182.67	31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	1,035,362		1,035,362	12,429	83.30	31.01
32.00	CORONARY CARE UNIT	605,000		605,000	5,873	103.01	32.00
40.00	SUBPROVIDER - IPF	841,999	0	841,999	10,268	82.00	40.00
41.00	SUBPROVIDER - IRF	409,457	0	409,457	5,488	74.61	41.00
43.00	NURSERY	214,399		214,399	10,135	21.15	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	15,566,144		15,566,144	177,706		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	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	50,745	4,207,268				30.00
31.00	INTENSIVE CARE UNIT	8,345	1,524,381				31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0				31.01
32.00	CORONARY CARE UNIT	4,093	421,620				32.00
40.00	SUBPROVIDER - IPF	2,568	210,576				40.00
41.00	SUBPROVIDER - IRF	3,359	250,615				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (Lines 30-199)	69,110	6,614,460				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part II Date/Time Prepared: 2/21/2014 5:09 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,009,445	245,966,061	0.032563	52,840,317	1,720,639	50.00
51.00	05100	RECOVERY ROOM	580,147	46,992,419	0.012346	9,314,902	115,002	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,702,949	43,538,886	0.039113	94,751	3,706	52.00
53.00	05300	ANESTHESIOLOGY	709,370	35,021,811	0.020255	6,192,246	125,424	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,680,211	202,612,727	0.032970	21,789,009	718,384	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,497,137	74,698,892	0.033429	1,422,440	47,551	55.00
56.00	05600	RADIOISOTOPE	1,245,490	48,887,080	0.025477	2,625,243	66,883	56.00
57.00	05700	CT SCAN	1,507,272	193,062,198	0.007807	28,360,947	221,414	57.00
58.00	05800	MRI	4,192,020	142,263,763	0.029467	8,343,749	245,865	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,255,722	56,466,741	0.022238	18,414,203	409,495	59.00
60.00	06000	LABORATORY	3,632,553	341,427,982	0.010639	74,927,813	797,157	60.00
60.01	06001	VASCULAR LAB	398,869	23,486,360	0.016983	4,994,916	84,829	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	175,067	10,445,968	0.016759	3,237,901	54,264	63.00
64.00	06400	INTRAVENOUS THERAPY	120,972	6,029,397	0.020064	3,040,972	61,014	64.00
65.00	06500	RESPIRATORY THERAPY	562,534	39,409,025	0.014274	17,100,903	244,098	65.00
66.00	06600	PHYSICAL THERAPY	1,717,039	67,955,306	0.025267	8,160,702	206,196	66.00
67.00	06700	OCCUPATIONAL THERAPY	213,733	11,434,071	0.018693	4,145,437	77,491	67.00
68.00	06800	SPEECH PATHOLOGY	97,320	4,233,327	0.022989	1,686,093	38,762	68.00
69.00	06900	ELECTROCARDIOLOGY	881,720	104,705,323	0.008421	22,482,696	189,327	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	313,348	9,175,684	0.034150	2,235,491	76,342	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,119,519	102,953,695	0.010874	28,707,596	312,166	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,601,806	162,789,133	0.015983	60,045,956	959,715	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,356,196	351,144,354	0.012406	50,743,575	629,525	73.00
74.00	07400	RENAL DIALYSIS	628,526	17,779,939	0.035350	2,258,533	79,839	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,196,779	15,351,348	0.077959	137,989	10,757	75.00
76.00	03950	BLANK	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	210,941	1,988,667	0.106072	3,628	385	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,634,397	211,321,975	0.050323	4,396,197	221,230	90.00
91.00	09100	EMERGENCY	2,579,433	183,670,640	0.014044	35,380,015	496,877	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,527,304	47,299,001	0.032290	6,825,817	220,406	92.00
92.01	09201	OBSERVATION	307,834	4,865,436	0.063270	668,980	42,326	92.01
200.00		Total (lines 50-199)	61,655,653	2,806,977,209		480,579,017	8,477,069	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part III Date/Time Prepared: 2/21/2014 5:09 pm
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Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0	0	0 31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00	
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0 40.00	
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00	
43.00	04300	NURSERY	0	0	0	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00	
200.00		Total (lines 30-199)	0	0	0	0	0 200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	119,577	0.00	50,745	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	13,936	0.00	8,345	0	0 31.00	
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	12,429	0.00	0	0	0 31.01	
32.00	03200	CORONARY CARE UNIT	5,873	0.00	4,093	0	0 32.00	
40.00	04000	SUBPROVIDER - I PF	10,268	0.00	2,568	0	0 40.00	
41.00	04100	SUBPROVIDER - I RF	5,488	0.00	3,359	0	0 41.00	
43.00	04300	NURSERY	10,135	0.00	0	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0 44.00	
200.00		Total (lines 30-199)	177,706		69,110	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			
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	31.01			
32.00	03200	CORONARY CARE UNIT	0	0	32.00			
40.00	04000	SUBPROVIDER - I PF	0	0	40.00			
41.00	04100	SUBPROVIDER - I RF	0	0	41.00			
43.00	04300	NURSERY	0	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00			
200.00		Total (lines 30-199)	0	0	200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 5:09 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	36,237	0	36,237	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	280,262	0	280,262	60.00	
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,851,214	0	1,851,214	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00	03950	BLANK	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
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	
92.01	09201	OBSERVATION	0	0	0	0	0	92.01	
200.00		Total (lines 50-199)	0	0	2,167,713	0	2,167,713	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 5:09 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	245,966,061	0.000000	0.000000	52,840,317	50.00
51.00	05100	RECOVERY ROOM	0	46,992,419	0.000000	0.000000	9,314,902	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43,538,886	0.000000	0.000000	94,751	52.00
53.00	05300	ANESTHESIOLOGY	36,237	35,021,811	0.001035	0.001035	6,192,246	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	202,612,727	0.000000	0.000000	21,789,009	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	74,698,892	0.000000	0.000000	1,422,440	55.00
56.00	05600	RADIOISOTOPE	0	48,887,080	0.000000	0.000000	2,625,243	56.00
57.00	05700	CT SCAN	0	193,062,198	0.000000	0.000000	28,360,947	57.00
58.00	05800	MRI	0	142,263,763	0.000000	0.000000	8,343,749	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	56,466,741	0.000000	0.000000	18,414,203	59.00
60.00	06000	LABORATORY	280,262	341,427,982	0.000821	0.000821	74,927,813	60.00
60.01	06001	VASCULAR LAB	0	23,486,360	0.000000	0.000000	4,994,916	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,445,968	0.000000	0.000000	3,237,901	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,029,397	0.000000	0.000000	3,040,972	64.00
65.00	06500	RESPIRATORY THERAPY	0	39,409,025	0.000000	0.000000	17,100,903	65.00
66.00	06600	PHYSICAL THERAPY	0	67,955,306	0.000000	0.000000	8,160,702	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,434,071	0.000000	0.000000	4,145,437	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,233,327	0.000000	0.000000	1,686,093	68.00
69.00	06900	ELECTROCARDIOLOGY	0	104,705,323	0.000000	0.000000	22,482,696	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,175,684	0.000000	0.000000	2,235,491	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	102,953,695	0.000000	0.000000	28,707,596	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	162,789,133	0.000000	0.000000	60,045,956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,851,214	351,144,354	0.005272	0.005272	50,743,575	73.00
74.00	07400	RENAL DIALYSIS	0	17,779,939	0.000000	0.000000	2,258,533	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	15,351,348	0.000000	0.000000	137,989	75.00
76.00	03950	BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,988,667	0.000000	0.000000	3,628	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	211,321,975	0.000000	0.000000	4,396,197	90.00
91.00	09100	EMERGENCY	0	183,670,640	0.000000	0.000000	35,380,015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	47,299,001	0.000000	0.000000	6,825,817	92.00
92.01	09201	OBSERVATION	0	4,865,436	0.000000	0.000000	668,980	92.01
200.00		Total (lines 50-199)	2,167,713	2,806,977,209			480,579,017	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Title XVIII					Hospital	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	PPS	
		11.00	12.00	12.01	13.00	13.01		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	33,800,693	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	5,946,629	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,822	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,409	5,175,098	0	5,356	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,876,740	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,017,293	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	20,037,255	0	0	0	56.00
57.00	05700	CT SCAN	0	54,893,106	0	0	0	57.00
58.00	05800	MRI	0	35,368,418	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,072,392	0	0	0	59.00
60.00	06000	LABORATORY	61,516	19,130,864	0	15,706	0	60.00
60.01	06001	VASCULAR LAB	0	7,494,706	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,408,123	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	65,319	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,493,357	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	682,440	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	38,972	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	663	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,104,592	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,569,271	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,141,126	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,461,616	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	267,520	113,881,850	0	600,385	0	73.00
74.00	07400	RENAL DIALYSIS	0	258,720	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	4,785,931	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,088,317	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	94,729,667	0	0	0	90.00
91.00	09100	EMERGENCY	0	32,033,970	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,604,659	0	0	0	92.00
92.01	09201	OBSERVATION	0	1,576,057	0	0	0	92.01
200.00		Total (Lines 50-199)	335,445	611,742,666	0	621,447	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 5:09 pm
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Cost Center Description		Title XVIII				Hospital	PPS
		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		21.00	22.00	23.00	24.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/21/2014 5:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)
	1.00	2.00	2.01	3.00	4.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.196600	33,800,693	0	0	0
51.00 05100 RECOVERY ROOM	0.146842	5,946,629	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.330136	4,822	0	0	0
53.00 05300 ANESTHESIOLOGY	0.166288	5,175,098	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.236990	39,876,740	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.163676	34,017,293	0	0	0
56.00 05600 RADIOISOTOPE	0.181082	20,037,255	0	0	0
57.00 05700 CT SCAN	0.047285	54,893,106	0	0	0
58.00 05800 MRI	0.091182	35,368,418	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.104931	13,072,392	0	0	0
60.00 06000 LABORATORY	0.170730	19,130,864	0	147,922	0
60.01 06001 VASCULAR LAB	0.115303	7,494,706	0	0	0
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0.266829	1,408,123	0	22,845	0
64.00 06400 INTRAVENOUS THERAPY	0.555311	65,319	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.250094	1,493,357	0	0	0
66.00 06600 PHYSICAL THERAPY	0.440475	682,440	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.368982	38,972	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.362993	663	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.083224	35,104,592	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.294195	1,569,271	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.256810	16,141,126	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.445459	25,461,616	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.405881	113,881,850	0	37,139	971,934
74.00 07400 RENAL DIALYSIS	0.505427	258,720	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.795953	4,785,931	0	0	0
76.00 03950 BLANK	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.721493	1,088,317	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.719210	94,729,667	0	0	0
91.00 09100 EMERGENCY	0.171053	32,033,970	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.379107	12,604,659	0	0	0
92.01 09201 OBSERVATION	0.438364	1,576,057	0	0	0
200.00	Subtotal (see instructions)	611,742,666	0	207,906	971,934
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (Line 200 +/- Line 201)	611,742,666	0	207,906	971,934

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/21/2014 5:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs					
	PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	5.01	6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	6,645,216	0	0	0	50.00
51.00	05100 RECOVERY ROOM	873,215	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,592	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	860,557	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,450,389	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,567,814	0	0	0	55.00
56.00	05600 RADIOISOTOPE	3,628,386	0	0	0	56.00
57.00	05700 CT SCAN	2,595,621	0	0	0	57.00
58.00	05800 MRI	3,224,963	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,371,699	0	0	0	59.00
60.00	06000 LABORATORY	3,266,212	0	25,255	0	60.00
60.01	06001 VASCULAR LAB	864,162	0	0	0	60.01
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	375,728	0	6,096	0	63.00
64.00	06400 INTRAVENOUS THERAPY	36,272	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	373,480	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	300,598	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,380	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	241	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,921,545	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	461,672	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,145,203	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11,342,106	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	46,222,479	0	15,074	394,490	73.00
74.00	07400 RENAL DIALYSIS	130,764	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	3,809,376	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	785,213	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	68,130,524	0	0	0	90.00
91.00	09100 EMERGENCY	5,479,507	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,778,514	0	0	0	92.00
92.01	09201 OBSERVATION	690,887	0	0	0	92.01
200.00	Subtotal (see instructions)	188,348,315	0	46,425	394,490	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00	Net Charges (line 200 +/- line 201)	188,348,315	0	46,425	394,490	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140010 Component CCN: 14S010		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part II Date/Time Prepared: 2/21/2014 5:09 pm	
		Title XVIIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,009,445	245,966,061	0.032563	0	50.00
51.00	05100	RECOVERY ROOM	580,147	46,992,419	0.012346	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,702,949	43,538,886	0.039113	0	52.00
53.00	05300	ANESTHESIOLOGY	709,370	35,021,811	0.020255	152,383	3,087 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,680,211	202,612,727	0.032970	25,388	837 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,497,137	74,698,892	0.033429	0	0 55.00
56.00	05600	RADIOISOTOPE	1,245,490	48,887,080	0.025477	7,212	184 56.00
57.00	05700	CT SCAN	1,507,272	193,062,198	0.007807	114,723	896 57.00
58.00	05800	MRI	4,192,020	142,263,763	0.029467	75,253	2,217 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,255,722	56,466,741	0.022238	0	0 59.00
60.00	06000	LABORATORY	3,632,553	341,427,982	0.010639	788,037	8,384 60.00
60.01	06001	VASCULAR LAB	398,869	23,486,360	0.016983	6,835	116 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	175,067	10,445,968	0.016759	310	5 63.00
64.00	06400	INTRAVENOUS THERAPY	120,972	6,029,397	0.020064	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	562,534	39,409,025	0.014274	26,355	376 65.00
66.00	06600	PHYSICAL THERAPY	1,717,039	67,955,306	0.025267	33,100	836 66.00
67.00	06700	OCCUPATIONAL THERAPY	213,733	11,434,071	0.018693	1,121	21 67.00
68.00	06800	SPEECH PATHOLOGY	97,320	4,233,327	0.022989	4,266	98 68.00
69.00	06900	ELECTROCARDIOLOGY	881,720	104,705,323	0.008421	81,467	686 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	313,348	9,175,684	0.034150	13,477	460 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,119,519	102,953,695	0.010874	9,814	107 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,601,806	162,789,133	0.015983	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,356,196	351,144,354	0.012406	911,143	11,304 73.00
74.00	07400	RENAL DIALYSIS	628,526	17,779,939	0.035350	13,678	484 74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,196,779	15,351,348	0.077959	0	0 75.00
76.00	03950	BLANK	0	0	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	210,941	1,988,667	0.106072	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,634,397	211,321,975	0.050323	161,867	8,146 90.00
91.00	09100	EMERGENCY	2,579,433	183,670,640	0.014044	650,383	9,134 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	47,299,001	0.000000	0	0 92.00
92.01	09201	OBSERVATION	307,834	4,865,436	0.063270	0	0 92.01
200.00		Total (Lines 50-199)	60,128,349	2,806,977,209		3,076,812	47,378 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 5:09 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	36,237	0	36,237	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	280,262	0	280,262	60.00
60.01	06001 VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	1,851,214	0	1,851,214	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
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
92.01	09201 OBSERVATION	0	0	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	2,167,713	0	2,167,713	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 5:09 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	245,966,061	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	46,992,419	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	43,538,886	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	36,237	35,021,811	0.001035	0.001035	152,383	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	202,612,727	0.000000	0.000000	25,388	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	74,698,892	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	48,887,080	0.000000	0.000000	7,212	56.00
57.00	05700 CT SCAN	0	193,062,198	0.000000	0.000000	114,723	57.00
58.00	05800 MRI	0	142,263,763	0.000000	0.000000	75,253	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	56,466,741	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	280,262	341,427,982	0.000821	0.000821	788,037	60.00
60.01	06001 VASCULAR LAB	0	23,486,360	0.000000	0.000000	6,835	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	10,445,968	0.000000	0.000000	310	63.00
64.00	06400 INTRAVENOUS THERAPY	0	6,029,397	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	39,409,025	0.000000	0.000000	26,355	65.00
66.00	06600 PHYSICAL THERAPY	0	67,955,306	0.000000	0.000000	33,100	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,434,071	0.000000	0.000000	1,121	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,233,327	0.000000	0.000000	4,266	68.00
69.00	06900 ELECTROCARDIOLOGY	0	104,705,323	0.000000	0.000000	81,467	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,175,684	0.000000	0.000000	13,477	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	102,953,695	0.000000	0.000000	9,814	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	162,789,133	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,851,214	351,144,354	0.005272	0.005272	911,143	73.00
74.00	07400 RENAL DIALYSIS	0	17,779,939	0.000000	0.000000	13,678	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	15,351,348	0.000000	0.000000	0	75.00
76.00	03950 BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,988,667	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	211,321,975	0.000000	0.000000	161,867	90.00
91.00	09100 EMERGENCY	0	183,670,640	0.000000	0.000000	650,383	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	47,299,001	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION	0	4,865,436	0.000000	0.000000	0	92.01
200.00	Total (Lines 50-199)	2,167,713	2,806,977,209			3,076,812	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 5:09 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	158	8,837	0	9	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,290	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	3,700	0	0	0	56.00
57.00	05700 CT SCAN	0	1,800	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	647	309	0	0	0	60.00
60.01	06001 VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,096	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,804	8,915	0	47	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	141,819	0	0	0	90.00
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
92.01	09201 OBSERVATION	0	0	0	0	0	92.01
200.00	Total (lines 50-199)	5,609	169,766	0	56	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 5:09 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		21.00	22.00	23.00	24.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0	0		57.00
58.00	05800 MRI	0	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0	0		60.00
60.01	06001 VASCULAR LAB	0	0	0	0		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00	03950 BLANK	0	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
92.01	09201 OBSERVATION	0	0	0	0		92.01
200.00	Total (lines 50-199)	0	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/21/2014 5:09 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	1.00	2.00	2.01	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.196600	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.146842	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.330136	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.166288	8,837	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.236990	1,290	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.163676	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.181082	3,700	0	0	0	56.00
57.00 05700 CT SCAN	0.047285	1,800	0	0	0	57.00
58.00 05800 MRI	0.091182	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.104931	0	0	0	0	59.00
60.00 06000 LABORATORY	0.170730	309	0	0	0	60.00
60.01 06001 VASCULAR LAB	0.115303	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.266829	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.555311	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.250094	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.440475	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.368982	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.362993	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.083224	3,096	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.294195	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.256810	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.445459	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.405881	8,915	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.505427	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.795953	0	0	0	0	75.00
76.00 03950 BLANK	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.721493	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.719210	141,819	0	0	0	90.00
91.00 09100 EMERGENCY	0.171053	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.379107	0	0	0	0	92.00
92.01 09201 OBSERVATION	0.438364	0	0	0	0	92.01
200.00	Subtotal (see instructions)		169,766	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00	Net Charges (line 200 +/- line 201)		169,766	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140010 Component CCN: 14S010		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part V Date/Time Prepared: 2/21/2014 5:09 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Costs					
		PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		5.00	5.01	6.00	7.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,469	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	306	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	670	0	0	0	56.00
57.00	05700	CT SCAN	85	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	53	0	0	0	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	258	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,618	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	101,998	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION	0	0	0	0	92.01
200.00		Subtotal (see instructions)	108,457	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00		Net Charges (line 200 +/- line 201)	108,457	0	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part II Date/Time Prepared: 2/21/2014 5:09 pm
		Component CCN: 14T010	Title XVIII	Subprovider - IRF PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,009,445	245,966,061	0.032563	34,080	1,110	50.00
51.00	05100	RECOVERY ROOM	580,147	46,992,419	0.012346	11,045	136	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,702,949	43,538,886	0.039113	0	0	52.00
53.00	05300	ANESTHESIOLOGY	709,370	35,021,811	0.020255	3,345	68	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,680,211	202,612,727	0.032970	131,068	4,321	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,497,137	74,698,892	0.033429	46,707	1,561	55.00
56.00	05600	RADIOISOTOPE	1,245,490	48,887,080	0.025477	9,378	239	56.00
57.00	05700	CT SCAN	1,507,272	193,062,198	0.007807	233,977	1,827	57.00
58.00	05800	MRI	4,192,020	142,263,763	0.029467	56,643	1,669	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,255,722	56,466,741	0.022238	0	0	59.00
60.00	06000	LABORATORY	3,632,553	341,427,982	0.010639	676,226	7,194	60.00
60.01	06001	VASCULAR LAB	398,869	23,486,360	0.016983	144,445	2,453	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	175,067	10,445,968	0.016759	39,406	660	63.00
64.00	06400	INTRAVENOUS THERAPY	120,972	6,029,397	0.020064	17,228	346	64.00
65.00	06500	RESPIRATORY THERAPY	562,534	39,409,025	0.014274	276,789	3,951	65.00
66.00	06600	PHYSICAL THERAPY	1,717,039	67,955,306	0.025267	1,487,507	37,585	66.00
67.00	06700	OCCUPATIONAL THERAPY	213,733	11,434,071	0.018693	1,549,047	28,956	67.00
68.00	06800	SPEECH PATHOLOGY	97,320	4,233,327	0.022989	789,071	18,140	68.00
69.00	06900	ELECTROCARDIOLOGY	881,720	104,705,323	0.008421	39,278	331	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	313,348	9,175,684	0.034150	7,881	269	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,119,519	102,953,695	0.010874	145,559	1,583	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,601,806	162,789,133	0.015983	6,901	110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,356,196	351,144,354	0.012406	1,143,476	14,186	73.00
74.00	07400	RENAL DIALYSIS	628,526	17,779,939	0.035350	95,527	3,377	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,196,779	15,351,348	0.077959	0	0	75.00
76.00	03950	BLANK	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	210,941	1,988,667	0.106072	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,634,397	211,321,975	0.050323	1,792	90	90.00
91.00	09100	EMERGENCY	2,579,433	183,670,640	0.014044	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	47,299,001	0.000000	0	0	92.00
92.01	09201	OBSERVATION	307,834	4,865,436	0.063270	0	0	92.01
200.00		Total (Lines 50-199)	60,128,349	2,806,977,209		6,946,376	130,162	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 5:09 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	36,237	0	36,237	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	280,262	0	280,262	60.00
60.01	06001 VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	1,851,214	0	1,851,214	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
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
92.01	09201 OBSERVATION	0	0	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	2,167,713	0	2,167,713	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 5:09 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	245,966,061	0.000000	0.000000	34,080	50.00
51.00	05100 RECOVERY ROOM	0	46,992,419	0.000000	0.000000	11,045	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	43,538,886	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	36,237	35,021,811	0.001035	0.001035	3,345	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	202,612,727	0.000000	0.000000	131,068	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	74,698,892	0.000000	0.000000	46,707	55.00
56.00	05600 RADIOISOTOPE	0	48,887,080	0.000000	0.000000	9,378	56.00
57.00	05700 CT SCAN	0	193,062,198	0.000000	0.000000	233,977	57.00
58.00	05800 MRI	0	142,263,763	0.000000	0.000000	56,643	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	56,466,741	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	280,262	341,427,982	0.000821	0.000821	676,226	60.00
60.01	06001 VASCULAR LAB	0	23,486,360	0.000000	0.000000	144,445	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	10,445,968	0.000000	0.000000	39,406	63.00
64.00	06400 INTRAVENOUS THERAPY	0	6,029,397	0.000000	0.000000	17,228	64.00
65.00	06500 RESPIRATORY THERAPY	0	39,409,025	0.000000	0.000000	276,789	65.00
66.00	06600 PHYSICAL THERAPY	0	67,955,306	0.000000	0.000000	1,487,507	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,434,071	0.000000	0.000000	1,549,047	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,233,327	0.000000	0.000000	789,071	68.00
69.00	06900 ELECTROCARDIOLOGY	0	104,705,323	0.000000	0.000000	39,278	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,175,684	0.000000	0.000000	7,881	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	102,953,695	0.000000	0.000000	145,559	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	162,789,133	0.000000	0.000000	6,901	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,851,214	351,144,354	0.005272	0.005272	1,143,476	73.00
74.00	07400 RENAL DIALYSIS	0	17,779,939	0.000000	0.000000	95,527	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	15,351,348	0.000000	0.000000	0	75.00
76.00	03950 BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,988,667	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	211,321,975	0.000000	0.000000	1,792	90.00
91.00	09100 EMERGENCY	0	183,670,640	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	47,299,001	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION	0	4,865,436	0.000000	0.000000	0	92.01
200.00	Total (Lines 50-199)	2,167,713	2,806,977,209			6,946,376	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 5:09 pm
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
	11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	6,053	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	2,405	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	3	563	0	1	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	2,574	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	5,840	0	0	0	57.00
58.00 05800 MRI	0	3,497	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	555	1,550	0	1	0	60.00
60.01 06001 VASCULAR LAB	0	1,569	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	928	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	799	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	6,028	941	0	5	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 BLANK	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
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
92.01 09201 OBSERVATION	0	0	0	0	0	92.01
200.00 Total (lines 50-199)	6,586	26,719	0	7	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 5:09 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		21.00	22.00	23.00	24.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	60.00
60.01	06001 VASCULAR LAB	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201 OBSERVATION	0	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/21/2014 5:09 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	1.00	2.00	2.01	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.196600	6,053	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.146842	2,405	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.330136	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.166288	563	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.236990	2,574	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.163676	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.181082	0	0	0	0	56.00
57.00 05700 CT SCAN	0.047285	5,840	0	0	0	57.00
58.00 05800 MRI	0.091182	3,497	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.104931	0	0	0	0	59.00
60.00 06000 LABORATORY	0.170730	1,550	0	0	0	60.00
60.01 06001 VASCULAR LAB	0.115303	1,569	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.266829	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.555311	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.250094	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.440475	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.368982	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.362993	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.083224	928	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.294195	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.256810	799	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.445459	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.405881	941	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.505427	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.795953	0	0	0	0	75.00
76.00 03950 BLANK	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.721493	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.719210	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.171053	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.379107	0	0	0	0	92.00
92.01 09201 OBSERVATION	0.438364	0	0	0	0	92.01
200.00	Subtotal (see instructions)		26,719	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00	Net Charges (line 200 +/- line 201)		26,719	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140010 Component CCN: 14T010		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part V Date/Time Prepared: 2/21/2014 5:09 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Costs					
		PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		5.00	5.01	6.00	7.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,190	0	0	0	50.00
51.00	05100	RECOVERY ROOM	353	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	94	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	610	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	276	0	0	0	57.00
58.00	05800	MRI	319	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	265	0	0	0	60.00
60.01	06001	VASCULAR LAB	181	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	77	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	205	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	382	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION	0	0	0	0	92.01
200.00		Subtotal (see instructions)	3,952	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00		Net Charges (line 200 +/- line 201)	3,952	0	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	36,237	0	36,237	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	280,262	0	280,262	60.00	
60.01	06001	VASCULAR LAB	0	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,851,214	0	1,851,214	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00	03950	BLANK	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
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	
92.01	09201	OBSERVATION	0	0	0	0	0	92.01	
200.00		Total (lines 50-199)	0	0	2,167,713	0	2,167,713	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/21/2014 5:09 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	Cost
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	245,966,061	0.000000	0.000000	3,879,907	50.00
51.00	05100	RECOVERY ROOM	0	46,992,419	0.000000	0.000000	621,371	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43,538,886	0.000000	0.000000	8,086,039	52.00
53.00	05300	ANESTHESIOLOGY	36,237	35,021,811	0.001035	0.001035	960,708	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	202,612,727	0.000000	0.000000	2,789,333	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	74,698,892	0.000000	0.000000	137,106	55.00
56.00	05600	RADIOISOTOPE	0	48,887,080	0.000000	0.000000	179,950	56.00
57.00	05700	CT SCAN	0	193,062,198	0.000000	0.000000	2,351,220	57.00
58.00	05800	MRI	0	142,263,763	0.000000	0.000000	884,444	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	56,466,741	0.000000	0.000000	1,032,860	59.00
60.00	06000	LABORATORY	280,262	341,427,982	0.000821	0.000821	8,346,837	60.00
60.01	06001	VASCULAR LAB	0	23,486,360	0.000000	0.000000	352,493	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,445,968	0.000000	0.000000	792,684	63.00
64.00	06400	INTRAVENOUS THERAPY	0	6,029,397	0.000000	0.000000	226,685	64.00
65.00	06500	RESPIRATORY THERAPY	0	39,409,025	0.000000	0.000000	5,383,254	65.00
66.00	06600	PHYSICAL THERAPY	0	67,955,306	0.000000	0.000000	489,642	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,434,071	0.000000	0.000000	367,510	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,233,327	0.000000	0.000000	115,673	68.00
69.00	06900	ELECTROCARDIOLOGY	0	104,705,323	0.000000	0.000000	1,616,150	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,175,684	0.000000	0.000000	315,724	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	102,953,695	0.000000	0.000000	2,671,873	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	162,789,133	0.000000	0.000000	3,255,642	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,851,214	351,144,354	0.005272	0.005272	6,753,235	73.00
74.00	07400	RENAL DIALYSIS	0	17,779,939	0.000000	0.000000	214,513	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	15,351,348	0.000000	0.000000	4,535	75.00
76.00	03950	BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,988,667	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	211,321,975	0.000000	0.000000	314,874	90.00
91.00	09100	EMERGENCY	0	183,670,640	0.000000	0.000000	3,281,620	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	47,299,001	0.000000	0.000000	939,809	92.00
92.01	09201	OBSERVATION	0	4,865,436	0.000000	0.000000	25,650	92.01
200.00		Total (lines 50-199)	2,167,713	2,806,977,209			56,391,341	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Title XIX					Hospital Cost
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	994	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	6,853	0	0	0	0 60.00
60.01	06001	VASCULAR LAB	0	0	0	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,603	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03950	BLANK	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
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
92.01	09201	OBSERVATION	0	0	0	0	0 92.01
200.00		Total (Lines 50-199)	43,450	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Title XIX				Hospital	Cost
		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		21.00	22.00	23.00	24.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/21/2014 5:09 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		119,577	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		119,577	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)		101,156	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)		50,745	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		116,398,808	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)		116,398,808	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		116,398,808	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		973.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		49,396,198	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)		49,396,198	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 2/21/2014 5:09 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	27,142,849	13,936	1,947.68	8,345	16,253,390		43.00
43.01 INFANT SPECIAL CARE UNIT (ISCU)	15,329,841	12,429	1,233.39	0	0		43.01
44.00 CORONARY CARE UNIT	8,013,695	5,873	1,364.50	4,093	5,584,899		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)					119,881,104		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					191,115,591		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)					6,153,269		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,812,514		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					14,965,783		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					176,149,808		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)					18,421		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					973.42		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					17,931,370		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet D-1

Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Cost	Title XVIII		Hospital	PPS	
			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	9,914,287	116,398,808	0.085175	17,931,370	1,527,304	90.00
91.00	Nursing School cost	0	116,398,808	0.000000	17,931,370	0	91.00
92.00	Allied health cost	0	116,398,808	0.000000	17,931,370	0	92.00
93.00	All other Medical Education	0	116,398,808	0.000000	17,931,370	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1 Date/Time Prepared: 2/21/2014 5:09 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,268	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,268	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)		10,268	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)		2,568	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,354,822	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)		10,354,822	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		10,354,822	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,008.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,589,725	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)		2,589,725	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1	
		Component CCN: 14S010				Date/Time Prepared: 2/21/2014 5:09 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)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					827,149		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,416,874		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)					210,576		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					52,987		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					263,563		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,153,311		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: 140010 Component CCN: 14S010		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1 Date/Time Prepared: 2/21/2014 5:09 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	841,999	10,354,822	0.081315	0	0	90.00
91.00	Nursing School cost	0	10,354,822	0.000000	0	0	91.00
92.00	Allied health cost	0	10,354,822	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,354,822	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1
		Component CCN: 14T010		Date/Time Prepared: 2/21/2014 5:09 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,488	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,488	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)		5,488	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)		3,359	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,679,762	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,679,762	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,679,762	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		852.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,864,320	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)		2,864,320	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1	
		Component CCN: 14T010				Date/Time Prepared: 2/21/2014 5:09 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1.00		
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,366,285		48.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					250,615		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					136,748		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					387,363		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,843,242		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		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)					0		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		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		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)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		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)					0		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: 140010 Component CCN: 14T010		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1 Date/Time Prepared: 2/21/2014 5:09 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	409,457	4,679,762	0.087495	0	0	90.00
91.00	Nursing School cost	0	4,679,762	0.000000	0	0	91.00
92.00	Allied health cost	0	4,679,762	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,679,762	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1
		Title XIX		Date/Time Prepared: 2/21/2014 5:09 pm
		Hospital		Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		119,577	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		119,577	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)		101,156	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)		7,883	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		10,135	15.00
16.00	Nursery days (title V or XIX only)		2,322	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		116,205,737	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)		116,205,737	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		116,205,737	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		971.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,660,778	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)		7,660,778	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1	
Date/Time Prepared: 2/21/2014 5:09 pm		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	5,143,578	10,135	507.51	2,322	1,178,438		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	27,142,849	13,936	1,947.68	863	1,680,848		43.00
43.01 INFANT SPECIAL CARE UNIT (ISCU)	15,329,841	12,429	1,233.39	6,869	8,472,156		43.01
44.00 CORONARY CARE UNIT	8,013,695	5,873	1,364.50	449	612,661		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)					14,614,401		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					34,219,282		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						18,421	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						971.81	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						17,901,712	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet D-1
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description	Cost	Title XIX		Hospital	Cost	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	0	0	0.000000	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3 Date/Time Prepared: 2/21/2014 5:09 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		97,163,827	30.00
31.00	03100	INTENSIVE CARE UNIT		30,743,383	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		8,350,748	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.196600	52,840,317	50.00
51.00	05100	RECOVERY ROOM	0.146842	9,314,902	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.330136	94,751	52.00
53.00	05300	ANESTHESIOLOGY	0.166288	6,192,246	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239286	21,789,009	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165973	1,422,440	55.00
56.00	05600	RADIOISOTOPE	0.184456	2,625,243	56.00
57.00	05700	CT SCAN	0.047285	28,360,947	57.00
58.00	05800	MRI	0.091182	8,343,749	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104931	18,414,203	59.00
60.00	06000	LABORATORY	0.178133	74,927,813	60.00
60.01	06001	VASCULAR LAB	0.115928	4,994,916	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.266829	3,237,901	63.00
64.00	06400	INTRAVENOUS THERAPY	0.555311	3,040,972	64.00
65.00	06500	RESPIRATORY THERAPY	0.250094	17,100,903	65.00
66.00	06600	PHYSICAL THERAPY	0.441068	8,160,702	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.368982	4,145,437	67.00
68.00	06800	SPEECH PATHOLOGY	0.362993	1,686,093	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083406	22,482,696	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.294195	2,235,491	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.256810	28,707,596	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.445459	60,045,956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405881	50,743,575	73.00
74.00	07400	RENAL DIALYSIS	0.505427	2,258,533	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.795953	137,989	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.721493	3,628	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.719419	4,396,197	90.00
91.00	09100	EMERGENCY	0.171063	35,380,015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.379107	6,825,817	92.00
92.01	09201	OBSERVATION	0.438364	668,980	92.01
200.00		Total (sum of lines 50-94 and 96-98)		480,579,017	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)		480,579,017	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3	
		Component CCN: 14S010		Date/Time Prepared: 2/21/2014 5:09 pm	
		Title XVIIII	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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		4,612,075	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.196600	0	50.00
51.00	05100	RECOVERY ROOM	0.146842	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.330136	0	52.00
53.00	05300	ANESTHESIOLOGY	0.166288	152,383	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239286	25,388	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165973	0	55.00
56.00	05600	RADIOISOTOPE	0.184456	7,212	56.00
57.00	05700	CT SCAN	0.047285	114,723	57.00
58.00	05800	MRI	0.091182	75,253	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104931	0	59.00
60.00	06000	LABORATORY	0.178133	788,037	60.00
60.01	06001	VASCULAR LAB	0.115928	6,835	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.266829	310	63.00
64.00	06400	INTRAVENOUS THERAPY	0.555311	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.250094	26,355	65.00
66.00	06600	PHYSICAL THERAPY	0.441068	33,100	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.368982	1,121	67.00
68.00	06800	SPEECH PATHOLOGY	0.362993	4,266	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083406	81,467	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.294195	13,477	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.256810	9,814	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.445459	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405881	911,143	73.00
74.00	07400	RENAL DIALYSIS	0.505427	13,678	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.795953	0	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.721493	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.719419	161,867	90.00
91.00	09100	EMERGENCY	0.171063	650,383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.379107	0	92.00
92.01	09201	OBSERVATION	0.438364	0	92.01
200.00		Total (sum of lines 50-94 and 96-98)		3,076,812	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)		3,076,812	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3	
		Component CCN: 14T010		Date/Time Prepared: 2/21/2014 5:09 pm	
		Title XVII I	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		4,956,334	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.196600	34,080	6,700 50.00
51.00	05100	RECOVERY ROOM	0.146842	11,045	1,622 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.330136	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.166288	3,345	556 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239286	131,068	31,363 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165973	46,707	7,752 55.00
56.00	05600	RADIOISOTOPE	0.184456	9,378	1,730 56.00
57.00	05700	CT SCAN	0.047285	233,977	11,064 57.00
58.00	05800	MRI	0.091182	56,643	5,165 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104931	0	0 59.00
60.00	06000	LABORATORY	0.178133	676,226	120,458 60.00
60.01	06001	VASCULAR LAB	0.115928	144,445	16,745 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.266829	39,406	10,515 63.00
64.00	06400	INTRAVENOUS THERAPY	0.555311	17,228	9,567 64.00
65.00	06500	RESPIRATORY THERAPY	0.250094	276,789	69,223 65.00
66.00	06600	PHYSICAL THERAPY	0.441068	1,487,507	656,092 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.368982	1,549,047	571,570 67.00
68.00	06800	SPEECH PATHOLOGY	0.362993	789,071	286,427 68.00
69.00	06900	ELECTROCARDIOLOGY	0.083406	39,278	3,276 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.294195	7,881	2,319 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.256810	145,559	37,381 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.445459	6,901	3,074 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405881	1,143,476	464,115 73.00
74.00	07400	RENAL DIALYSIS	0.505427	95,527	48,282 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.795953	0	0 75.00
76.00	03950	BLANK	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.721493	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.719419	1,792	1,289 90.00
91.00	09100	EMERGENCY	0.171063	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.379107	0	0 92.00
92.01	09201	OBSERVATION	0.438364	0	0 92.01
200.00		Total (sum of lines 50-94 and 96-98)		6,946,376	2,366,285 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		6,946,376	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3 Date/Time Prepared: 2/21/2014 5:09 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		10,874,679	30.00
31.00	03100	INTENSIVE CARE UNIT		2,809,599	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		21,145,716	31.01
32.00	03200	CORONARY CARE UNIT		783,640	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		1,793,696	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.196600	3,879,907	50.00
51.00	05100	RECOVERY ROOM	0.146842	621,371	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.330136	8,086,039	52.00
53.00	05300	ANESTHESIOLOGY	0.166288	960,708	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236990	2,789,333	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.163676	137,106	55.00
56.00	05600	RADIOISOTOPE	0.181082	179,950	56.00
57.00	05700	CT SCAN	0.047285	2,351,220	57.00
58.00	05800	MRI	0.091182	884,444	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104931	1,032,860	59.00
60.00	06000	LABORATORY	0.170730	8,346,837	60.00
60.01	06001	VASCULAR LAB	0.115303	352,493	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.266829	792,684	63.00
64.00	06400	INTRAVENOUS THERAPY	0.555311	226,685	64.00
65.00	06500	RESPIRATORY THERAPY	0.250094	5,383,254	65.00
66.00	06600	PHYSICAL THERAPY	0.440475	489,642	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.368982	367,510	67.00
68.00	06800	SPEECH PATHOLOGY	0.362993	115,673	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083224	1,616,150	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.294195	315,724	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.256810	2,671,873	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.445459	3,255,642	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405881	6,753,235	73.00
74.00	07400	RENAL DIALYSIS	0.505427	214,513	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.795953	4,535	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.721493	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.719210	314,874	90.00
91.00	09100	EMERGENCY	0.171053	3,281,620	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.379107	939,809	92.00
92.01	09201	OBSERVATION	0.438364	25,650	92.01
200.00		Total (sum of lines 50-94 and 96-98)		56,391,341	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)		56,391,341	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/21/2014 5:09 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		120,789,652		1.00
2.00	Outlier payments for discharges. (see instructions)		5,838,334		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		4,385,560		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		576.41		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		145.75		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.		9.50		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)		155.25		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		182.61		10.00
11.00	FTE count for residents in dental and podiatric programs.		3.03		11.00
12.00	Current year allowable FTE (see instructions)		158.28		12.00
13.00	Total allowable FTE count for the prior year.		153.04		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.		148.75		14.00
15.00	Sum of lines 12 through 14 divided by 3.		153.36		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		153.36		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.266061		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.273726		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.266061		21.00
22.00	IME payment adjustment (see instructions)		16,942,089		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		27.36		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		16,942,089		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.02		30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.03		31.00
32.00	Sum of lines 30 and 31		15.05		32.00
33.00	Allowable disproportionate share percentage (see instructions)		2.60		33.00
34.00	Disproportionate share adjustment (see instructions)		3,140,531		34.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		13,726		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		5	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/21/2014 5:09 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.04		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		25		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.714286		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		624.84	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)		146,710,606		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)		146,710,606		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		11,824,368		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).		4,669,424		52.00
53.00	Nursing and Allied Health Managed Care payment		13,221		53.00
54.00	Special add-on payments for new technologies		19,656		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)		335,445		58.00
59.00	Total (sum of amounts on lines 49 through 58)		163,572,720		59.00
60.00	Primary payer payments		107,195		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		163,465,525		61.00
62.00	Deductibles billed to program beneficiaries		11,765,784		62.00
63.00	Coinurance billed to program beneficiaries		305,995		63.00
64.00	Allowable bad debts (see instructions)		1,135,566		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		738,118		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		723,243		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		152,131,864		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
70.01	OTHER ADJUSTMENTS		-150,750		70.01
70.02	MSP PASS THRU RECONCILIATION		-2,580		70.02
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		153,487		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-99,640		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		152,032,381		71.00
71.01	Sequestration adjustment (see instructions)		1,520,324		71.01
72.00	Interim payments		147,073,411		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		3,438,646		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/21/2014 5:09 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
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: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 2/21/2014 5:09 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	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	2.02	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	13.03	0.00			13.03	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	15.05	0.00			13.03	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)	576.41	0.00			576.41	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	2.60	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				No	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)	2.02	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	2.10	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	14,800	0			14,800	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	3,735	0			3,735	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	255	0			255	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)	18,790	0			18,790	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	143,529	0			143,529	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	684	0			684	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)	144,213	0			144,213	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	13.03	0.00			13.03	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet DSH Date/Time Prepared: 2/21/2014 5:09 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	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	2.53		0.00	True	29.00
30.00	Line 28 or 29 as applicable		2.53		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	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet DSH Date/Time Prepared: 2/21/2014 5:09 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	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	3.78		29.00
30.00	Line 28 or 29 as applicable	3.78		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: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part B Date/Time Prepared: 2/21/2014 5:09 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		440,915	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		187,726,868	0 2.00
3.00	PPS payments		139,014,688	0 3.00
4.00	Outlier payment (see instructions)		1,537,989	0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	0.000 5.00
6.00	Line 2 times line 5		0	0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	0.00 7.00
8.00	Transitional corridor payment (see instructions)		0	0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		621,447	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		440,915	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,179,840	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)		1,179,840	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis 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)		1,179,840	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		738,925	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)		440,915	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)		141,174,124	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,260	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		30,810,381	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)		110,799,398	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		4,417,551	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)		115,216,949	30.00
31.00	Primary payer payments		15,112	31.00
32.00	Subtotal (line 30 minus line 31)		115,201,837	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		2,144,560	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,393,964	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,574,092	36.00
37.00	Subtotal (see instructions)		116,595,801	37.00
38.00	MSP-LCC reconciliation amount from PS&R		146	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		116,595,655	40.00
40.01	Sequestration adjustment (see instructions)		1,165,957	40.01
41.00	Interim payments		114,664,785	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		764,913	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part B Date/Time Prepared: 2/21/2014 5:09 pm
		Component CCN: 14S010	Title XVIII	Subprovider - IPF
			before 1/1	on/after 1/1
			1.00	1.01
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		108,401	2.00
3.00	PPS payments		54,583	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		56	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		54,639	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		11,112	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)		43,527	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)		43,527	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		43,527	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		43,527	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		43,527	40.00
40.01	Sequestration adjustment (see instructions)		435	40.01
41.00	Interim payments		42,625	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		467	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part B Date/Time Prepared: 2/21/2014 5:09 pm
	Title XVIII	Subprovider - IPF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part B Date/Time Prepared: 2/21/2014 5:09 pm
		Component CCN: 14T010	Title XVIII	Subprovider - IRF PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,945	2.00
3.00	PPS payments		4,852	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		7	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		4,859	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,139	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		3,720	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		3,720	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,720	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		3,720	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,720	40.00
40.01	Sequestration adjustment (see instructions)		37	40.01
41.00	Interim payments		3,691	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-8	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part B Date/Time Prepared: 2/21/2014 5:09 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
2/21/2014 5:09 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		147,165,286		114,358,733	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	03/15/2013	266,684	3.01
3.02		09/27/2013	49,040	09/27/2013	39,368	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	03/15/2013	140,915		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)		-91,875		306,052	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)		147,073,411		114,664,785	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		3,438,646		764,913	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		150,512,057		115,429,698	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	STEPHEN BOOTH		00130		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140010
Component CCN: 14S010

Period:
From 10/01/2012
To 09/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
2/21/2014 5:09 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,098,980		42,625	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)		2,098,980		42,625	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		96,697		467	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,195,677		43,092	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor	STEPHEN BOOTH		00130		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140010
Component CCN: 14T010

Period:
From 10/01/2012
To 09/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
2/21/2014 5:09 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,190,027		3,691	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)		4,190,027		3,691	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		183,575		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		8	6.02
7.00	Total Medicare program liability (see instructions)		4,373,602		3,683	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor	STEPHEN BOOTH		00130		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet E-1 Part II Date/Time Prepared: 2/21/2014 5:09 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			30,292 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			63,183 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			2,417 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			133,394 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			3,170,463,974 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			55,177,895 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,594,143 8.00
9.00	Sequestration adjustment amount (see instructions)			31,883 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,562,260 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,565,381 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)			-3,121 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet E-3 Part II Date/Time Prepared: 2/21/2014 5:09 pm
		Component CCN: 14S010	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		2,165,540	1.00
2.00	Net IPF PPS Outlier Payments		23,739	2.00
3.00	Net IPF PPS ECT Payments		63,610	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)		9.86	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.)		3.90	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)		3.90	8.00
9.00	Average Daily Census (see instructions)		28.131507	9.00
10.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.069149	10.00
11.00	Indirect Medical Education Adjustment (line 1 multiplied by line 10).		149,745	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,402,634	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)		2,402,634	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,402,634	18.00
19.00	Deductibles		220,148	19.00
20.00	Subtotal (line 18 minus line 19)		2,182,486	20.00
21.00	Coinsurance		62,672	21.00
22.00	Subtotal (line 20 minus line 21)		2,119,814	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		142,205	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		92,433	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		102,164	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,212,247	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)		5,609	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)		2,217,856	31.00
31.01	Sequestration adjustment (see instructions)		22,179	31.01
32.00	Interim payments		2,098,980	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		96,697	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		23,739	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: 140010 Component CCN: 14T010	Period: From 10/01/2012 To 09/30/2013	Worksheet E-3 Part III Date/Time Prepared: 2/21/2014 5:09 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,898,051 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0210 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			132,534 3.00
4.00	Outlier Payments			261,429 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			2.81 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			1.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			1.00 9.00
10.00	Average Daily Census (see instructions)			15.035616 10.00
11.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.045270 11.00
12.00	Indirect Medical Education Adjustment (line 1 multiplied by line 11).			176,465 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			4,468,479 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,468,479 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,468,479 19.00
20.00	Deductibles			29,460 20.00
21.00	Subtotal (line 19 minus line 20)			4,439,019 21.00
22.00	Coinurance			30,455 22.00
23.00	Subtotal (line 21 minus line 22)			4,408,564 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,046 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,630 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,035 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,411,194 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			6,586 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,417,780 32.00
32.01	Sequestration adjustment (see instructions)			44,178 32.01
33.00	Interim payments			4,190,027 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			183,575 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			261,429 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: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet E-3 Part VII Date/Time Prepared: 2/21/2014 5:09 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		34,219,282		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		34,219,282	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		34,219,282	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		56,391,341	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		56,391,341	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		56,391,341	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		22,172,059	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		34,219,282	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		34,219,282	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		34,219,282	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		34,219,282	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		34,219,282	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		34,219,282	0	40.00
41.00	Interim payments		34,219,282	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet E-4 Date/Time Prepared: 2/21/2014 5:09 pm	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			154.90	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			9.50	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			164.40	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			189.25	6.00
7.00	Enter the lesser of line 5 or line 6			164.40	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	84.39	92.98	177.37	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	73.31	80.77	154.08	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.80		10.00
11.00	Total weighted FTE count	73.31	83.57		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	69.24	84.02		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	78.94	72.76		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	73.83	80.12		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	73.83	80.12		17.00
18.00	Per resident amount	126,833.00	120,241.39		18.00
19.00	Approved amount for resident costs	9,364,080	9,633,740	18,997,820	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			24.85	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			18,997,820	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	69,110	2,598		26.00
27.00	Total Inpatient Days (see instructions)	149,150	149,150		27.00
28.00	Ratio of inpatient days to total inpatient days	0.463359	0.017419		28.00
29.00	Program direct GME amount	8,802,811	330,923		29.00
30.00	Reduction for direct GME payments for Medicare managed care		46,759		30.00
31.00	Net Program direct GME amount			9,086,975	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet E-4 Date/Time Prepared: 2/21/2014 5:09 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		17,779,939	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		3,183,590	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		199,763,070	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		107,195	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		199,655,875	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		188,901,639	42.00
43.00	Primary payer payments (see instructions)		15,112	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		188,886,527	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		388,542,402	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.513859	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.486141	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		9,086,975	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		4,669,424	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		4,417,551	50.00

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

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet G

Date/Time Prepared:
2/21/2014 5:09 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	40,775,699	0	0	0	1.00
2.00	Temporary investments	86,140,446	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	215,227,544	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-41,376,593	0	0	0	6.00
7.00	Inventory	16,994,738	0	0	0	7.00
8.00	Prepaid expenses	30,585,866	0	0	0	8.00
9.00	Other current assets	3,075,726	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)	351,423,426	0	0	0	11.00
FIXED ASSETS						
12.00	Land	35,382,018	0	0	0	12.00
13.00	Land improvements	31,570,844	0	0	0	13.00
14.00	Accumulated depreciation	-13,319,532	0	0	0	14.00
15.00	Buildings	1,119,384,275	0	0	0	15.00
16.00	Accumulated depreciation	-538,943,509	0	0	0	16.00
17.00	Leasehold improvements	56,027,083	0	0	0	17.00
18.00	Accumulated depreciation	-26,779,136	0	0	0	18.00
19.00	Fixed equipment	403,734,931	0	0	0	19.00
20.00	Accumulated depreciation	-306,671,641	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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	60,229,960	0	0	0	27.00
28.00	Accumulated depreciation	-55,300,686	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)	765,314,607	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,484,799,786	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	195,170,311	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,679,970,097	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,796,708,130	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	53,230,391	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	351,148,244	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	404,378,635	0	0	0	45.00
LONG TERM LIABILITIES						
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	717,416,988	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	717,416,988	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,121,795,623	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,674,912,507	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,674,912,507	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,796,708,130	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet G-1

Date/Time Prepared:
2/21/2014 5:09 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		1,472,812,823		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		87,165,073			2.00
3.00	Total (sum of line 1 and line 2)		1,559,977,896		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CONTR TEMP RESTR FOR USE	0		0		5.00
6.00	NET REALIZED GAINS ON INV	5,559,405		0		6.00
7.00	TRFS TO PROP & EQUIP	986,202		0		7.00
8.00	UNREALIZED INCOME	2,131,935		0		8.00
9.00	PENSION ADJUSTMENT	105,411,747		0		9.00
10.00	Total additions (sum of line 4-9)		114,089,289		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,674,067,185		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	UNREALIZED INCOME	0		0		13.00
14.00	TRANSFER TO ENDOWMENT	0		0		14.00
15.00	NET REALIZED GAIN ON INVEST	0		0		15.00
16.00	OTHERS	-845,322		0		16.00
17.00	PENSION ADJUSTMENT	0		0		17.00
18.00	Total deductions (sum of lines 12-17)		-845,322		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,674,912,507		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	CONTR TEMP RESTR FOR USE		0			5.00
6.00	NET REALIZED GAINS ON INV		0			6.00
7.00	TRFS TO PROP & EQUIP		0			7.00
8.00	UNREALIZED INCOME		0			8.00
9.00	PENSION ADJUSTMENT		0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	UNREALIZED INCOME		0			13.00
14.00	TRANSFER TO ENDOWMENT		0			14.00
15.00	NET REALIZED GAIN ON INVEST		0			15.00
16.00	OTHERS		0			16.00
17.00	PENSION ADJUSTMENT		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: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	191,810,691		191,810,691	1.00
2.00	SUBPROVIDER - IPF	19,223,898		19,223,898	2.00
3.00	SUBPROVIDER - IRF	8,067,169		8,067,169	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	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	219,101,758		219,101,758	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	53,593,953		53,593,953	11.00
11.01	INFANT SPECIAL CARE UNIT (ISCU)	46,313,868		46,313,868	11.01
12.00	CORONARY CARE UNIT	12,369,831		12,369,831	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)	112,277,652		112,277,652	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	331,379,410		331,379,410	17.00
18.00	Ancillary services	872,134,185	1,487,685,971	2,359,820,156	18.00
19.00	Outpatient services	42,398,761	575,656,473	618,055,234	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		20,803,202	20,803,202	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	11,304,154	11,304,154	26.00
27.00	OTHER PATIENT REVENUES	0	44,249,091	44,249,091	27.00
27.01	ELIMINATION ENTRY	0	0	0	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,245,912,356	2,139,698,891	3,385,611,247	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,158,764,167		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	BAD DEBT	0			31.00
32.00	RESEARCH EXPENSES	21,985,410			32.00
33.00	FOUNDATION EXPENSES	7,896,152			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		29,881,562		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	INDIRECT OPERATING EXPENSES	3,395,501			38.00
39.00	ELIMINATION	0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		3,395,501		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,185,250,228		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet G-3

Date/Time Prepared:
2/21/2014 5:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,385,611,247	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,277,195,265	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,108,415,982	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,185,250,228	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-76,834,246	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	6,411,831	6.00
7.00	Income from investments	15,619,799	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	1,464,475	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	4,677,130	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	6,397,094	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	930,144	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	748,119	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	26,761,338	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER: LAB REF TEST, GRANT INC, EPIC	23,768,064	24.00
24.01	RESEARCH/FOUNDATION PRGM REVENUE	26,495,588	24.01
25.00	Total other income (sum of lines 6-24)	113,273,582	25.00
26.00	Total (line 5 plus line 25)	36,439,336	26.00
27.00	INTERCOMPANY TRANSFER	14,834,551	27.00
27.01	NON-OPERATING INCOME	-65,560,288	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	-50,725,737	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	87,165,073	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140010

Period: From 10/01/2012

Worksheet H

HHA CCN: 147001

To 09/30/2013

Date/Time Prepared: 2/21/2014 5:09 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	275,959	0	0	275,959	4.00
5.00	2,186,778	621,651	0	345,717	0	3,154,146	5.00
HHA REIMBURSABLE SERVICES							
6.00	2,813,655	800,643	0	0	0	3,614,298	6.00
7.00	2,229,173	634,325	0	0	0	2,863,498	7.00
8.00	193,387	55,029	0	0	0	248,416	8.00
9.00	23,671	6,736	0	0	0	30,407	9.00
10.00	64,982	18,491	0	0	0	83,473	10.00
11.00	55,287	15,733	0	0	0	71,020	11.00
12.00	0	0	0	306,840	0	306,840	12.00
13.00	0	0	0	283,680	0	283,680	13.00
14.00	37,671	10,719	0	2,031,702	0	2,080,092	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	502,189	0	502,189	23.00
24.00	7,604,604	2,163,327	275,959	3,470,128	0	13,514,018	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	275,959	0	275,959			4.00
5.00	0	3,154,146	-94,569	3,059,577			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	3,614,298	0	3,614,298			6.00
7.00	0	2,863,498	0	2,863,498			7.00
8.00	0	248,416	0	248,416			8.00
9.00	0	30,407	0	30,407			9.00
10.00	0	83,473	0	83,473			10.00
11.00	0	71,020	0	71,020			11.00
12.00	0	306,840	0	306,840			12.00
13.00	0	283,680	0	283,680			13.00
14.00	0	2,080,092	0	2,080,092			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	502,189	0	502,189			23.00
24.00	0	13,514,018	-94,569	13,419,449			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet H-1 Part I Date/Time Prepared: 2/21/2014 5:09 pm
		HHA CCN: 147001	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bl dgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	275,959	0	0	275,959		4.00
5.00	Administrative and General	3,059,577	0	0	0	3,059,577	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,614,298	0	0	135,761	3,750,059	6.00
7.00	Physical Therapy	2,863,498	0	0	106,255	2,969,753	7.00
8.00	Occupational Therapy	248,416	0	0	9,369	257,785	8.00
9.00	Speech Pathology	30,407	0	0	12,417	42,824	9.00
10.00	Medical Social Services	83,473	0	0	2,552	86,025	10.00
11.00	Home Health Aide	71,020	0	0	9,605	80,625	11.00
12.00	Supplies (see instructions)	306,840	0	0	0	306,840	12.00
13.00	Drugs	283,680	0	0	0	283,680	13.00
14.00	DME	2,080,092	0	0	0	2,080,092	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	502,189	0	0	0	502,189	23.00
24.00	Total (sum of lines 1-23)	13,419,449	0	0	275,959	13,419,449	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	3,059,577					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,107,501	4,857,560				6.00
7.00	Physical Therapy	877,057	3,846,810				7.00
8.00	Occupational Therapy	76,132	333,917				8.00
9.00	Speech Pathology	12,647	55,471				9.00
10.00	Medical Social Services	25,406	111,431				10.00
11.00	Home Health Aide	23,811	104,436				11.00
12.00	Supplies (see instructions)	90,619	397,459				12.00
13.00	Drugs	83,779	367,459				13.00
14.00	DME	614,314	2,694,406				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	148,311	650,500				23.00
24.00	Total (sum of lines 1-23)		13,419,449				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2012 To 09/30/2013	Worksheet H-1 Part II Date/Time Prepared: 2/21/2014 5:09 pm
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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	10,083,912	0		3.00
4.00	Transportation (see instructions)	0	0	0	57,316		4.00
5.00	Administrative and General	0	0	0	0	-3,059,577	10,359,872
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	3,614,298	28,197	0	3,750,059
7.00	Physical Therapy	0	0	2,863,498	22,069	0	2,969,753
8.00	Occupational Therapy	0	0	248,416	1,946	0	257,785
9.00	Speech Pathology	0	0	30,406	2,579	0	42,824
10.00	Medical Social Services	0	0	83,473	530	0	86,025
11.00	Home Health Aide	0	0	71,020	1,995	0	80,625
12.00	Supplies (see instructions)	0	0	306,840	0	0	306,840
13.00	Drugs	0	0	283,680	0	0	283,680
14.00	DME	0	0	2,080,092	0	0	2,080,092
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	502,189	0	0	502,189
24.00	Total (sum of lines 1-23)	0	0	10,083,912	57,316	-3,059,577	10,359,872
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	275,959		3,059,577
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	4.814694		0.295330

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140010

Period: From 10/01/2012 To 09/30/2013

Worksheet H-2 Part I

HHA CCN: 147001

Date/Time Prepared: 2/21/2014 5:09 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	46,071	3,679	110,198	159,948	42,803	1.00
2.00 Skilled Nursing Care	4,857,560	58,682	4,684	141,789	5,062,715	1,354,808	2.00
3.00 Physical Therapy	3,846,810	31,850	2,544	112,335	3,993,539	1,068,691	3.00
4.00 Occupational Therapy	333,917	2,739	219	9,745	346,620	92,757	4.00
5.00 Speech Pathology	55,471	462	36	1,193	57,162	15,297	5.00
6.00 Medical Social Services	111,431	1,274	102	3,275	116,082	31,064	6.00
7.00 Home Health Aide	104,436	2,644	212	2,786	110,078	29,457	7.00
8.00 Supplies (see instructions)	397,459	0	0	0	397,459	106,362	8.00
9.00 Drugs	367,459	0	0	0	367,459	98,334	9.00
10.00 DME	2,694,406	1,274	102	1,898	2,697,680	721,913	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	650,500	0	0	0	650,500	174,077	19.00
20.00 Total (sum of lines 1-19) (2)	13,419,449	144,996	11,578	383,219	13,959,242	3,735,563	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	152,523	0	34,770	0	24,466	1.00
2.00 Skilled Nursing Care	0	194,225	0	44,277	0	31,157	2.00
3.00 Physical Therapy	0	105,443	0	24,037	0	16,918	3.00
4.00 Occupational Therapy	0	9,068	0	2,067	0	1,454	4.00
5.00 Speech Pathology	0	1,529	0	349	0	244	5.00
6.00 Medical Social Services	0	4,218	0	961	0	676	6.00
7.00 Home Health Aide	0	8,804	0	2,007	0	1,407	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	4,218	0	961	0	676	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	480,028	0	109,429	0	76,998	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140010

Period: From 10/01/2012

Worksheet H-2

HHA CCN: 147001

To 09/30/2013

Part I
Date/Time Prepared:
2/21/2014 5:09 pm

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	109,199	1.00
2.00	Skilled Nursing Care	0	360,066	0	0	24,111	139,100	2.00
3.00	Physical Therapy	0	0	0	0	18,700	75,498	3.00
4.00	Occupational Therapy	0	0	0	0	1,570	6,443	4.00
5.00	Speech Pathology	0	0	0	0	212	1,156	5.00
6.00	Medical Social Services	0	0	0	0	455	2,974	6.00
7.00	Home Health Aide	0	0	0	0	805	6,278	7.00
8.00	Supplies (see instructions)	0	0	25,978	0	0	0	8.00
9.00	Drugs	0	0	0	0	8,458	0	9.00
10.00	DME	0	0	0	1,088,494	7,266	2,974	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	360,066	25,978	1,088,494	61,577	343,622	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED PRGM-MEDICAL TECH	
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet H-2 Part I Date/Time Prepared: 2/21/2014 5:09 pm
		HHA CCN: 147001	Home Health Agency I	PPS

Cost Center Description	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.02	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	523,709	0	523,709			1.00
2.00 Skilled Nursing Care	0	7,210,459	0	7,210,459	191,514	7,401,973	2.00
3.00 Physical Therapy	0	5,302,826	0	5,302,826	140,848	5,443,674	3.00
4.00 Occupational Therapy	0	459,979	0	459,979	12,218	472,197	4.00
5.00 Speech Pathology	0	75,949	0	75,949	2,017	77,966	5.00
6.00 Medical Social Services	0	156,430	0	156,430	4,155	160,585	6.00
7.00 Home Health Aide	0	158,836	0	158,836	4,219	163,055	7.00
8.00 Supplies (see instructions)	0	529,799	0	529,799	14,072	543,871	8.00
9.00 Drugs	0	474,251	0	474,251	12,597	486,848	9.00
10.00 DME	0	4,524,182	0	4,524,182	120,167	4,644,349	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	824,577	0	824,577	21,902	846,479	19.00
20.00 Total (sum of lines 1-19) (2)	0	20,240,997	0	20,240,997	523,709	20,240,997	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.026561		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2012
To 09/30/2013

Worksheet H-2
Part II
Date/Time Prepared:
2/21/2014 5:09 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00					
1.00 Administrative and General	2,893	3,733	2,186,779	0	159,948	0	1.00
2.00 Skilled Nursing Care	3,685	4,754	2,813,654	0	5,062,715	0	2.00
3.00 Physical Therapy	2,000	2,581	2,229,173	0	3,993,539	0	3.00
4.00 Occupational Therapy	172	222	193,387	0	346,620	0	4.00
5.00 Speech Pathology	29	37	23,671	0	57,162	0	5.00
6.00 Medical Social Services	80	103	64,982	0	116,082	0	6.00
7.00 Home Health Aide	166	215	55,287	0	110,078	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	397,459	0	8.00
9.00 Drugs	0	0	0	0	367,459	0	9.00
10.00 DME	80	103	37,671	0	2,697,680	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	650,500	0	19.00
20.00 Total (sum of lines 1-19)	9,105	11,748	7,604,604		13,959,242	0	20.00
21.00 Total cost to be allocated	144,996	11,578	383,219		3,735,563	0	21.00
22.00 Unit cost multiplier	15.924876	0.985529	0.050393		0.267605	0.000000	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	2,893	0	2,893	0	68,302	0	1.00
2.00 Skilled Nursing Care	3,684	0	3,684	0	86,978	0	2.00
3.00 Physical Therapy	2,000	0	2,000	0	47,228	0	3.00
4.00 Occupational Therapy	172	0	172	0	4,060	0	4.00
5.00 Speech Pathology	29	0	29	0	680	0	5.00
6.00 Medical Social Services	80	0	80	0	1,888	0	6.00
7.00 Home Health Aide	167	0	167	0	3,928	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	80	0	80	0	1,888	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	9,105	0	9,105	0	214,952	0	20.00
21.00 Total cost to be allocated	480,028	0	109,429	0	76,998	0	21.00
22.00 Unit cost multiplier	52.721362	0.000000	12.018561	0.000000	0.358210	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2012 To 09/30/2013

Worksheet H-2 Part II Date/Time Prepared: 2/21/2014 5:09 pm

HHA CCN: 147001

Home Health Agency I

PPS

Cost Center Description	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	13.00	14.00	15.00	16.00	17.00	19.00	
1.00 Administrative and General	0	0	0	0	661	0	1.00
2.00 Skilled Nursing Care	43	0	0	8,146,083	842	0	2.00
3.00 Physical Therapy	0	0	0	6,317,444	457	0	3.00
4.00 Occupational Therapy	0	0	0	530,293	39	0	4.00
5.00 Speech Pathology	0	0	0	71,713	7	0	5.00
6.00 Medical Social Services	0	0	0	153,611	18	0	6.00
7.00 Home Health Aide	0	0	0	271,812	38	0	7.00
8.00 Supplies (see instructions)	0	200,577	0	0	0	0	8.00
9.00 Drugs	0	0	0	2,857,482	0	0	9.00
10.00 DME	0	0	784,604	2,454,764	18	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	43	200,577	784,604	20,803,202	2,080	0	20.00
21.00 Total cost to be allocated	360,066	25,978	1,088,494	61,577	343,622	0	21.00
22.00 Unit cost multiplier	8,373.627907	0.129516	1.387316	0.002960	165.202885	0.000000	22.00

Cost Center Description	INTERNS & RESIDENTS						
	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
		20.00	21.00	22.00	23.00	23.01	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2012 To 09/30/2013	Worksheet H-3 Part I Date/Time Prepared: 2/21/2014 5:09 pm
		Title XVIII	Home Health Agency I	PPS

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	7,401,973		7,401,973	38,308	193.22	1.00
2.00	Physical Therapy	3.00	5,443,674	0	5,443,674	29,737	183.06	2.00
3.00	Occupational Therapy	4.00	472,197	0	472,197	2,497	189.11	3.00
4.00	Speech Pathology	5.00	77,966	0	77,966	321	242.88	4.00
5.00	Medical Social Services	6.00	160,585		160,585	603	266.31	5.00
6.00	Home Health Aide	7.00	163,055		163,055	2,037	80.05	6.00
7.00	Total (sum of lines 1-6)		13,719,450	0	13,719,450	73,503		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care		16974	13,673	9,551		8.00
8.01	Skilled Nursing Care		29404	3,638	2,524		8.01
9.00	Physical Therapy		16974	9,900	7,956		9.00
9.01	Physical Therapy		29404	2,694	2,589		9.01
10.00	Occupational Therapy		16974	917	793		10.00
10.01	Occupational Therapy		29404	100	202		10.01
11.00	Speech Pathology		16974	159	59		11.00
11.01	Speech Pathology		29404	21	15		11.01
12.00	Medical Social Services		16974	214	233		12.00
12.01	Medical Social Services		29404	24	59		12.01
13.00	Home Health Aide		16974	837	811		13.00
13.01	Home Health Aide		29404	136	211		13.01
14.00	Total (sum of lines 8-13)			32,313	25,003		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	543,871	0	543,871	0	0.000000	15.00
16.00	Cost of Drugs	9.00	486,848	0	486,848	0	0.000000	16.00

Cost Center Description	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	17,311	12,075		3,344,831	2,333,132	1.00
2.00	Physical Therapy	12,594	10,545		2,305,458	1,930,368	2.00
3.00	Occupational Therapy	1,017	995		192,325	188,164	3.00
4.00	Speech Pathology	180	74		43,718	17,973	4.00
5.00	Medical Social Services	238	292		63,382	77,763	5.00
6.00	Home Health Aide	973	1,022		77,889	81,811	6.00
7.00	Total (sum of lines 1-6)	32,313	25,003		6,027,603	4,629,211	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140010
HHA CCN: 147001

Period:
From 10/01/2012
To 09/30/2013

Worksheet H-3
Part I
Date/Time Prepared:
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Title XVII I

Home Health Agency I

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	5,677,963					1.00
2.00	Physical Therapy	4,235,826					2.00
3.00	Occupational Therapy	380,489					3.00
4.00	Speech Pathology	61,691					4.00
5.00	Medical Social Services	141,145					5.00
6.00	Home Health Aide	159,700					6.00
7.00	Total (sum of lines 1-6)	10,656,814					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2012 To 09/30/2013	Worksheet H-3 Part II Date/Time Prepared: 2/21/2014 5:09 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.440475	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.368982	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.362993	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.256810	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.405881	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2012 To 09/30/2013	Worksheet H-4 Part I-11 Date/Time Prepared: 2/21/2014 5:09 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	12,811,136	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	12,811,136	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	12,811,136	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		5,891,431	4,874,588
12.00	Total PPS Reimbursement - Full Episodes with Outliers		27,851	16,269
13.00	Total PPS Reimbursement - LUPA Episodes		91,940	120,205
14.00	Total PPS Reimbursement - PEP Episodes		91,616	63,388
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		4,721	4,564
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		6,107,559	5,079,014
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		6,107,559	5,079,014
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		6,107,559	5,079,014
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		6,107,559	5,079,014
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		6,107,559	5,079,014
31.01	Sequestration adjustment (see instructions)		0	0
32.00	Interim payments (see instructions)		6,107,559	5,079,014
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 140010
HHA CCN: 147001

Period:
From 10/01/2012
To 09/30/2013

Worksheet H-5
Date/Time Prepared:
2/21/2014 5:09 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		6,107,559		5,079,014	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		6,107,559		5,079,014	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,107,559		5,079,014	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor	STEPHEN BOOTH		00130		8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140010

Period:

Worksheet I-1

Component CCN: 142300

From 10/01/2012
To 09/30/2013

Date/Time Prepared:
2/21/2014 5:09 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	994,465	Hours of Service	23,039.00	11.08	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	698,112	Hours of Service	29,228.00	14.05	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	80,001	Accumulated Cost			7.00
8.00	Non-patient Care Salary	87,539	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	1,860,117				9.00
10.00	Employee Benefits	507,333	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	605,547	Requisitions			14.00
15.00	Drugs	903,464	Requisitions			15.00
16.00	Other	1,426,557	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	5,303,018				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	166,351	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	62,379	Percentage of Time			19.00
20.00	Employee Benefits Department	93,737	Salary			20.00
21.00	Administrative & General	1,505,408	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	676,273	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	2,495	Requisitions			24.00
25.00	Pharmacy	492,530	Requisitions			25.00
26.00	Other Allocated Costs	684,271	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	8,986,462				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	8,986,462				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140010

Period: From 10/01/2012

Worksheet 1-2

Component CCN: 142300

To 09/30/2013

Date/Time Prepared: 2/21/2014 5:09 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs		
		Building	Equipment	RNs	Other				
		1.00	2.00	3.00	4.00				5.00
1.00	Total Renal Department Costs	842,624	62,379	994,465	698,112	601,070	1,395,994	1.00	
MAINTENANCE									
2.00	Hemodialysis	629,266	46,784	742,655	521,344	448,867	1,395,994	2.00	
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00	
TRAINING									
4.00	Hemodialysis	0	0	0	0	0	0	4.00	
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00	
6.00	CAPD	0	0	0	0	0	0	6.00	
7.00	CCDP	0	0	0	0	0	0	7.00	
HOME									
8.00	Hemodialysis	0	0	0	0	0	0	8.00	
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00	
10.00	CAPD	0	0	0	0	0	0	10.00	
11.00	CCDP	213,358	15,595	251,810	176,768	152,203	0	11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00	
13.00	Method II Home Patient	0	0	0	0	0	0	13.00	
14.00	EPO (include in Renal Department)						72,082	14.00	
15.00	ARANESP (include in Renal Department)						394,772	15.00	
16.00	Other	0	0	0	0	0	0	16.00	
17.00	Total (sum of lines 2-16)	842,624	62,379	994,465	698,112	601,070	1,395,994	17.00	
18.00	Medical Educational Program Costs							18.00	
19.00	Total Renal Costs (line 17 + line 18)							19.00	
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)			
		7.00	8.00	9.00	10.00	11.00			
1.00	Total Renal Department Costs	608,042	0	5,202,686	3,783,776	8,986,462		1.00	
MAINTENANCE									
2.00	Hemodialysis	454,075	0	4,238,985	3,082,901	7,321,886		2.00	
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00	
TRAINING									
4.00	Hemodialysis	0	0	0	0	0		4.00	
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00	
6.00	CAPD	0	0	0	0	0		6.00	
7.00	CCDP	0	0	0	0	0		7.00	
HOME									
8.00	Hemodialysis	0	0	0	0	0		8.00	
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00	
10.00	CAPD	0	0	0	0	0		10.00	
11.00	CCDP	153,967	0	963,701	700,875	1,664,576		11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	0	0	0	0	0		12.00	
13.00	Method II Home Patient	0	0	0	0	0		13.00	
14.00	EPO (include in Renal Department)							14.00	
15.00	ARANESP (include in Renal Department)							15.00	
16.00	Other	0	0	0	0	0		16.00	
17.00	Total (sum of lines 2-16)	608,042	0	5,202,686	3,783,776	8,986,462		17.00	
18.00	Medical Educational Program Costs					0		18.00	
19.00	Total Renal Costs (line 17 + line 18)					8,986,462		19.00	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2012

Worksheet 1-3

Component CCN: 142300

To 09/30/2013

Date/Time Prepared: 2/21/2014 5:09 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	842,624	62,379	994,465	698,112	601,070	1.00
MAINTENANCE							
2.00	Hemodialysis	7,801	75.00	17,206.00	22,114.00	1,389,100	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCDP	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCDP	2,645	25.00	5,834.00	7,498.00	471,017	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	10,446	100.00	23,040.00	29,612.00	1,860,117	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	80.664752	623.790000	43.162543	23.575307	0.323136	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	1,395,994	608,042	0	5,202,686	3,783,776	1.00
MAINTENANCE							
2.00	Hemodialysis	0	14,386	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCDP	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCDP	0	4,878	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	221,982					14.00
15.00	ARANESP	512,153					15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	734,135	19,264	0	5,202,686		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.901549	31.563642	0.000000	0.727274		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140010

Period: From 10/01/2012 To 09/30/2013

Worksheet 1-4

Component CCN: 142300

Date/Time Prepared: 2/21/2014 5:09 pm

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments (prior to Jan. 1)	
		1.00	2.00	3.00	4.00	4.01	
1.00	Maintenance - Hemodialysis	15,207	7,321,886	481.48	0	3,133	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks	Patient Weeks (prior to Jan. 1)	
		1.00	2.00	3.00	4.00	4.01	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	307	1,664,576	5,422.07	0	72	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	15,207	8,986,462		0	3,133	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	16,128					12.00
ADDITIONAL RENAL FACILITY NUMBERS							
20.00	HPH RENAL DIALYSIS	142336					20.00
		Number of Program Treatments (on/after Jan. 1)	Total Program Expenses (see instructions)	Total Program Payment	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	
		4.02	5.00	6.00	6.01	6.02	
1.00	Maintenance - Hemodialysis	9,398	6,033,426	0	708,444	2,125,332	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0	0	2.00
3.00	Training - Hemodialysis	0	0	0	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0	0	8.00
		Patient Weeks (on/after Jan. 1)			(prior to Jan. 1)	(on/after Jan. 1)	
		4.02	5.00	6.00	6.01	6.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	217	1,566,978	0	49,344	148,032	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	9,398	7,600,404	0	757,788	2,273,364	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00
ADDITIONAL RENAL FACILITY NUMBERS							
20.00	HPH RENAL DIALYSIS						20.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140010

Period: From 10/01/2012

Worksheet 1-4

Component CCN: 142300

To 09/30/2013

Date/Time Prepared: 2/21/2014 5:09 pm

		Rate 0			Renal Dialysis
		Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		7.00	7.01	7.02	
1.00	Maintenance - Hemodialysis	0.00	226.12	226.15	1.00
2.00	Maintenance - Peritoneal Dialysis	0.00	0.00	0.00	2.00
3.00	Training - Hemodialysis	0.00	0.00	0.00	3.00
4.00	Training - Peritoneal Dialysis	0.00	0.00	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0.00	0.00	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0.00	0.00	0.00	6.00
7.00	Home Program - Hemodialysis	0.00	0.00	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0.00	0.00	0.00	8.00
		7.00	7.01	7.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0.00	0.00	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0.00	685.33	682.18	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)				11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))				12.00
ADDITIONAL RENAL FACILITY NUMBERS					
20.00	HPH RENAL DIALYSIS				20.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet I-5 Date/Time Prepared: 2/21/2014 5:09 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	7,600,404		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)	757,788	729,172	2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	2,273,364	2,144,594	2.02
2.03	Total payment due (see instructions)	3,031,152	2,873,766	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)	72	69	3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	217	204	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	289	273	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	151,543	145,821	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	454,630	428,879	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	606,173	574,700	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	574,973	8.00
9.00	Program payment (see instructions)	0	2,298,794	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)	7,600,404	4,726,637	10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	9,720,597		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	8,986,462		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.924476		14.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140010

Period: From 10/01/2012

Worksheet K

Hospice CCN: 141522

To 09/30/2013

Date/Time Prepared: 2/21/2014 5:09 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	96,304	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	422,107	123,329	0	0	180,231	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	590,657	89,263	0	0	0	9.00
10.00	Nursing Care	1,259,810	368,086	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	242,546	70,866	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	7,068	2,065	0	2,015,643	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	450,883	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	365,127	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	97,371	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	58,325	17,041	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,580,513	670,650	96,304	2,113,014	996,241	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140010

Period: From 10/01/2012

Worksheet K

Hospice CCN: 141522

To 09/30/2013

Date/Time Prepared: 2/21/2014 5:09 pm

		Total (col. 5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	96,304	0	96,304	0	96,304	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	725,667	0	725,667	0	725,667	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	679,920	0	679,920	0	679,920	9.00
10.00	Nursing Care	1,627,896	0	1,627,896	0	1,627,896	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	313,412	0	313,412	0	313,412	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	2,024,776	0	2,024,776	0	2,024,776	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	450,883	0	450,883	0	450,883	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	365,127	0	365,127	0	365,127	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	97,371	0	97,371	0	97,371	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	75,366	0	75,366	0	75,366	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	6,456,722	0	6,456,722	0	6,456,722	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140010

Period: From 10/01/2012

Worksheet K-1

Hospice CCN: 141522

To 09/30/2013

Date/Time Prepared: 2/21/2014 5:09 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	97,623	0	0	113,110	211,374	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	1,203,977	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	242,546	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	58,325	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	97,623	0	242,546	171,435	1,415,351	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140010

Period: From 10/01/2012

Worksheet K-1

Hospice CCN: 141522

To 09/30/2013

Date/Time Prepared: 2/21/2014 5:09 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	422,107	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	590,657	590,657	9.00
10.00	Nursing Care		55,833	0	1,259,810	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	242,546	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	7,068	7,068	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	58,325	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	55,833	597,725	2,580,513	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 140010		Period: From 10/01/2012 To 09/30/2013		Worksheet K-2	
		Hospice CCN: 141522				Date/Time Prepared: 2/21/2014 5:09 pm	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	28,523	0	0	33,048	61,758	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	351,773	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	70,866	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	17,041	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	28,523	0	70,866	50,089	413,531	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140010

Period: From 10/01/2012

Worksheet K-2

Hospice CCN: 141522

To 09/30/2013

Date/Time Prepared: 2/21/2014 5:09 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	123,329	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	89,263	89,263	9.00
10.00	Nursing Care		16,313	0	368,086	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	70,866	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	2,065	2,065	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	17,041	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	16,313	91,328	670,650	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140010	Period: From 10/01/2012	Worksheet K-3
		Hospice CCN: 141522	To 09/30/2013	Date/Time Prepared: 2/21/2014 5:09 pm

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140010 Hospice CCN: 141522		Period: From 10/01/2012 To 09/30/2013		Worksheet K-3 Date/Time Prepared: 2/21/2014 5:09 pm	
		Hospice I					
		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	0	0		6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
VISITING SERVICES							
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	0	0		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	2,015,643	2,015,643		21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	97,371	97,371		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	2,113,014	2,113,014		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140010

Period:

Worksheet K-4

Hospice CCN: 141522

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/21/2014 5:09 pm

		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	96,304	0	0	0	96,304	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	725,667	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	679,920	0	0	0	11,621	9.00
10.00	Nursing Care	1,627,896	0	0	0	27,822	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	313,412	0	0	0	5,357	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	2,024,776	0	0	0	34,606	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	450,883	0	0	0	7,706	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	365,127	0	0	0	6,240	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	97,371	0	0	0	1,664	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	75,366	0	0	0	1,288	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	6,456,722	0	0	0	96,304	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140010

Period: From 10/01/2012

Worksheet K-4

Hospice CCN: 141522

To 09/30/2013

Part I
Date/Time Prepared:
2/21/2014 5:09 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	725,667	725,667		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	691,541	87,563	779,104	9.00
10.00	Nursing Care	0	1,655,718	209,647	1,865,365	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	318,769	40,363	359,132	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	2,059,382	260,759	2,320,141	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	458,589	58,067	516,656	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	371,367	47,022	418,389	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	99,035	12,540	111,575	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	76,654	9,706	86,360	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	6,456,722		6,456,722	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2012

Worksheet K-4

Hospice CCN: 141522

To 09/30/2013

Part II
Date/Time Prepared:
2/21/2014 5:09 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	96,304		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	11,621	0	9.00
10.00	Nursing Care	0	0	0	27,822	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	5,357	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	34,606	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	7,706	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	6,240	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	1,664	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	1,288	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	96,304	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	1.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2012

Worksheet K-4

Hospice CCN: 141522

To 09/30/2013

Part II
Date/Time Prepared:
2/21/2014 5:09 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-725,667	5,731,055	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	691,541	9.00
10.00	Nursing Care	0	1,655,718	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	318,769	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	2,059,382	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	458,589	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	371,367	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	99,035	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	76,654	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		725,667	39.00
40.00	Unit Cost Multiplier		0.126620	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period: From 10/01/2012

Worksheet K-5

Hospice CCN: 141522

To 09/30/2013

Part I
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0	1.00	2.00	4.00	4A	
1.00	Administrative and General		9,348	422	21,271	31,041	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	779,104	7,931	358	29,765	817,158	4.00
5.00	Nursing Care	1,865,365	38,013	1,712	63,486	1,968,576	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	359,132	7,357	331	12,223	379,043	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	2,320,141	111	5	356	2,320,613	16.00
17.00	Drugs, Biological and Infusion Therapy	516,656	0	0	0	516,656	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	418,389	0	0	0	418,389	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	111,575	0	0	0	111,575	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	86,360	1,831	83	2,939	91,213	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,456,722	64,591	2,911	130,040	6,654,264	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
1.00	Administrative and General	8,307	0	30,947	0	7,055	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	218,676	0	26,255	0	5,985	4.00
5.00	Nursing Care	526,801	0	125,847	0	28,688	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	101,434	0	24,357	0	5,553	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	621,006	0	369	0	84	16.00
17.00	Drugs, Biological and Infusion Therapy	138,260	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	111,963	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	29,858	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	24,409	0	6,063	0	1,382	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,780,714	0	213,838	0	48,747	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Hospice I					
		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	3,539	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	3,004	0	0	0	4.00
5.00	Nursing Care	0	14,386	0	117,231	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	2,782	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	42	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	10,637	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	695	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	24,448	0	117,231	10,637	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Hospice I					
		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	0	0	204,736	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	1,054	173,788	0	0	4.00
5.00	Nursing Care	0	28,329	832,548	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	4,077	161,034	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	2,381	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	625,517	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	625,517	33,460	1,374,487	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/21/2014 5:09 pm

Hospice I

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2012

Part I

To 09/30/2013

Date/Time Prepared:

2/21/2014 5:09 pm

Cost Center Description		Hospice I					
		Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	285,625					1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	1,245,920	0	1,245,920	33,580	1,279,500	4.00
5.00	Nursing Care	3,642,406	0	3,642,406	98,165	3,740,571	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	678,280	0	678,280	18,281	696,561	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	2,944,495	0	2,944,495	79,360	3,023,855	16.00
17.00	Drugs, Biological and Infusion Therapy	1,280,433	0	1,280,433	34,510	1,314,943	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	530,352	0	530,352	14,294	544,646	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	152,070	0	152,070	4,099	156,169	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	123,762	0	123,762	3,336	127,098	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	10,883,343	0	10,883,343		10,883,343	34.00
35.00	Unit Cost Multiplier (see instructions)				0.026952		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:
From 10/01/2012
To 09/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
		1.00	2.00	4.00				
1.00	Administrative and General	587	428	422,107	0	31,041	1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	498	363	590,657	0	817,158	4.00	
5.00	Nursing Care	2,387	1,738	1,259,810	0	1,968,576	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	462	336	242,546	0	379,043	10.00	
11.00	Spiritual Counseling	0	0	0	0	0	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	7	5	7,068	0	2,320,613	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	516,656	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	418,389	21.00	
22.00	Patient Transportation	0	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	0	111,575	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	115	84	58,324	0	91,213	30.00	
31.00	Volunteer Program Costs	0	0	0	0	0	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	4,056	2,954	2,580,512	0	6,654,264	34.00	
35.00	Total cost to be allocated	64,591	2,911	130,040		1,780,714	35.00	
36.00	Unit Cost Multiplier (see instructions)	15.924803	0.985443	0.050393		0.267605	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:
From 10/01/2012
To 09/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	587	0	587	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	498	0	498	0	4.00
5.00	Nursing Care	0	2,387	0	2,387	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	462	0	462	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	7	0	7	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	115	0	115	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	4,056	0	4,056	0	34.00
35.00	Total cost to be allocated	0	213,838	0	48,747	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	52.721400	0.000000	12.018491	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010
Hospice CCN: 141522

Period:
From 10/01/2012
To 09/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Hospice I					
		CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	9,880	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	8,386	0	0	0	0	4.00
5.00	Nursing Care	40,162	0	14	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	7,765	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	116	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	450,883	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	82,131	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	1,941	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	68,250	0	14	82,131	450,883	34.00
35.00	Total cost to be allocated	24,448	0	117,231	10,637	625,517	35.00
36.00	Unit Cost Multiplier (see instructions)	0.358212	0.000000	8,373.642857	0.129513	1.387316	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:

From 10/01/2012
To 09/30/2013

Worksheet K-5

Part II
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	Hospice I	
						INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)
1.00	Administrative and General	16.00	17.00	19.00	20.00	21.00	0
2.00	Inpatient - General Care	0	1,204	0	0	0	1.00
3.00	Inpatient - Respite Care	0	0	0	0	0	2.00
4.00	Physician Services	356,029	1,022	0	0	0	3.00
5.00	Nursing Care	9,570,646	4,896	0	0	0	4.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	5.00
7.00	Physical Therapy	0	0	0	0	0	6.00
8.00	Occupational Therapy	0	0	0	0	0	7.00
9.00	Speech/ Language Pathology	0	0	0	0	0	8.00
10.00	Medical Social Services	1,377,478	947	0	0	0	9.00
11.00	Spiritual Counseling	0	0	0	0	0	10.00
12.00	Dietary Counseling	0	0	0	0	0	11.00
13.00	Counseling - Other	0	0	0	0	0	12.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	13.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	14.00
16.00	Other	0	14	0	0	0	15.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	16.00
18.00	Analgesics	0	0	0	0	0	17.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	18.00
20.00	Other - Specify	0	0	0	0	0	19.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	20.00
22.00	Patient Transportation	0	0	0	0	0	21.00
23.00	Imaging Services	0	0	0	0	0	22.00
24.00	Labs and Diagnostics	0	0	0	0	0	23.00
25.00	Medical Supplies	0	0	0	0	0	24.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	25.00
27.00	Radiation Therapy	0	0	0	0	0	26.00
28.00	Chemotherapy	0	0	0	0	0	27.00
29.00	Other	0	0	0	0	0	28.00
30.00	Bereavement Program Costs	0	0	237	0	0	29.00
31.00	Volunteer Program Costs	0	0	0	0	0	30.00
32.00	Fundraising	0	0	0	0	0	31.00
33.00	Other Program Costs	0	0	0	0	0	32.00
34.00	Total (sum of lines 1 thru 33) (2)	11,304,153	8,083	237	0	0	33.00
35.00	Total cost to be allocated	33,460	1,374,487	0	0	0	34.00
36.00	Unit Cost Multiplier (see instructions)	0.002960	170.046641	0.000000	0.000000	0.000000	35.00
							36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2012
To 09/30/2013

Part II
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Hospice I					
		INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM-MEDICAL	PARAMED PRGM-SCHOOL OF ANESTHESIA		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	(ASSIGNED TIME)	TECH (ASSIGNED TIME)	(ASSIGNED TIME)		
1.00	Administrative and General	22.00	23.00	23.01	23.02		1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0		34.00
35.00	Total cost to be allocated	0	0	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2012
To 09/30/2013

Part III
Date/Time Prepared:
2/21/2014 5:09 pm

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.441068	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.368982	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.362993	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.405881	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.178133	0	0 6.00
6.01	VASCULAR LAB	60.01	0.115928	0	0 6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.256810	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.165973	0	0 9.00
10.00	BLANK	76.00	0.000000	0	0 10.00
10.97	CARDIAC REHABILITATION	76.97	0.721493	0	0 10.97
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140010

Period: From 10/01/2012

Worksheet K-6

Hospice CCN: 141522

To 09/30/2013

Date/Time Prepared: 2/21/2014 5:09 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				10,883,343	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				36,260	2.00
3.00	Average cost per diem (line 1 divided by line 2)				300.15	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	31,084				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	9,329,863				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		1,819			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		545,973			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			3,357		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			1,007,604		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140010	Period: From 10/01/2012 To 09/30/2013	Worksheet L Parts I-III Date/Time Prepared: 2/21/2014 5:09 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		9,605,685	1.00
2.00	Capital DRG outlier payments		713,472	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		365.46	3.00
4.00	Number of interns & residents (see instructions)		153.36	4.00
5.00	Indirect medical education percentage (see instructions)		12.57	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		1,207,435	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.02	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.03	8.00
9.00	Sum of lines 7 and 8		15.05	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.10	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		297,776	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		11,824,368	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00